


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90078 037 ****50.00

DOCUMENT # L02000002688					
1. Entity Name WINSLOW ROLLIE, LLC					
Principal Place of Business 1010 MACRAE AVENUE CLEARWATER, FL 33755			Mailing Address 1010 MACRAE AVENUE CLEARWATER, FL 33755		
2. Principal Place of Business - No P.O. Box # 636 Geeting Dr.		3. Mailing Address 636 Geeting Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Anderson, IN		City & State Anderson, IN		4. FEI Number 90-0003652	
Zip 46012		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SWANSON, DAVID G 1010 MACRAE AVENUE CLEARWATER, FL 33755			7. Name and Address of New Registered Agent Name: Swanson, David G. Street Address (P.O. Box Number is Not Acceptable): 708 S. Prospect City: Clearwater FL Zip Code: 33756		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>David G. Swanson</u> <small>Signature, typed or printed name of registered agent, or both, as applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>Mar 1, 07</u>	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME SWANSON, DAVID G STREET ADDRESS 1010 MACRAE AVE CITY-ST-ZIP CLEARWATER, FL 33755	<input type="checkbox"/> Delete		TITLE MGR NAME SWANSON, DAVID G. STREET ADDRESS 636 Geeting Dr CITY-ST-ZIP ANDERSON, IN 46012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>David G. Swanson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE <u>Mar 1, 07</u>	
765-393-0092				Daytime Phone #	