


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000028565</b>	
1. Entity Name WINGERT PROPERTY VENTURES, LLC	

Principal Place of Business 625 DEL PRADO BLVD. CAPE CORAL, FL 33990	Mailing Address 625 DEL PRADO BLVD. CAPE CORAL, FL 33990
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DO NOT WRITE IN THIS SPACE



04222005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0129759	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  WINGERT, RICHARD H M.D. 625 DEL PRADO BLVD. CAPE CORAL, FL 33990	DO NOT WRITE IN THIS SPACE
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WINGERT, RICHARD H M.D. 625 DEL PRADO BLVD. CAPE CORAL, FL 33990
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04/25/05-80056-020 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Richard H. Wingert, MD Richard H. Wingert 4-22-05 239-574-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #