


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

6/30/2

FILED
Jul 16, 2004 8:00 am
Secretary of State

06-30-2004 90025 002 ****55.00

DOCUMENT # L03000031296	
1. Entity Name WINTER HAVEN PROPERTIES, LLC	

Principal Place of Business 300 NORTH MEAD, SUITE 200 WICHITA, KS 67202-2722	Mailing Address 300 NORTH MEAD, SUITE 200 WICHITA, KS 67202-2722
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34009277



2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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06252004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code


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 September 8, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dr Maury L Fisher 127 Van Fleet Ct Auburndale FL 33823 Chairman, Board of Managers <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	Dr Eric LaRue 2841 Country Club Road N Winter Haven FL 33881 Vice Chairman, Board of Managers <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	Dr Claudio Manubens 6235 S Hampshire Ct Windermere FL 34786 Vice Chairman, Board of Managers <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	Rick Marshall 400 Avenue K SE Winter Haven FL 33881 Treasurer, Board of Managers <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	Joseph J. Hlavacek 808 1/2 E Douglas Wichita KS 67202 Secretary, Board of Managers <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 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:  Joseph J. Hlavacek, Manager	Date: 6-28-04	Daytime Phone #: 316-263-7002
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