

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90039 039 ****50.00

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

DO NOT WRITE IN THIS SPACE



07012005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-0191050

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, MAURY L DR. 127 VAN FLEET CT AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LARUE, ERIC DR 2841 COUNTRY CLUB ROAD N WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENUBENS, CLAUDIO DR 6235 S HAMPSHIRE CT WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARSHALL, RICK 400 AVENUE K SE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HLAVACEK, JOSEPH J 808 1/2 E DOUGLAS WICHITA, KS 67202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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
Secretary 8-25-05

Tel. #
316-263-7002