


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000031296 1. Entity Name WINTER HAVEN PROPERTIES, LLC	
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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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07192006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0191050	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 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 6, 2006**

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	

000000571888
07/25/06-80007-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

07/19/2006 316-263-7002
Date Daytime Phone #