

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90029 003 ****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~~ 3508
808 1/2 E. DOUGLAS



01192007No 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 ☐

\$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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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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:

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

JOSEPH HLAVACEK

4-6-07

Date

316-263-7002

Daytime Phone #