


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90028 001 \*\*\*\*50.00

<b>DOCUMENT # L03000033876</b> 1. Entity Name <b>WINTER PARK FINANCIAL CENTER, LLC</b>					
Principal Place of Business <b>1800 NORTH DOUGLAS ROAD, SUITE 200 PEMBROKE PINES, FL 33024-3200</b>			Mailing Address <b>1800 NORTH DOUGLAS ROAD, SUITE 200 PEMBROKE PINES, FL 33024-3200</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02252005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JOHN, DAVID L</b> <b>1800 NORTH DOUGLAS ROAD, SUITE 200</b> <b>PEMBROKE PINES, FL 33024-3200</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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  <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>02/28/05</b>	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>JOHN, DAVID L</b> <b>1800 NORTH DOUGLAS ROAD, SUITE 200</b> <b>PEMBROKE PINES, FL 330243200</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WINTER PARK SUNSHINE HOLDINGS, LLC</b> <b>1800 NORTH DOUGLAS ROAD, SUITE 200</b> <b>PEMBROKE PINES, FL 330243200</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WINTER PARK SUNSHINE HOLDINGS, INC.</b> <b>1800 NORTH DOUGLAS ROAD, SUITE 200</b> <b>PEMBROKE PINES, FL 330243200</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>HARRIS, JOSEPH E</b> <b>1800 NORTH DOUGLAS ROAD, SUITE 200</b> <b>PEMBROKE PINES, FL 330243200</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WALLS INVESTMENTS, LLC</b> <b>1800 NORTH DOUGLAS ROAD, SUITE 200</b> <b>PEMBROKE PINES, FL 330243200</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WALLS INVESTMENTS, LLC</b> <b>1800 NORTH DOUGLAS ROAD, SUITE 200</b> <b>PEMBROKE PINES, FL 330243200</b>	<input checked="" type="checkbox"/> Delete			
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: 			



**02/28/05**      **954-436-7000**