

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90010 049 \*\*\*\*50.00

**DOCUMENT # L03000033876**

1. Entity Name

WINTER PARK FINANCIAL CENTER, LLC



Principal Place of Business

1800 NORTH DOUGLAS ROAD, SUITE 200  
PEMBROKE PINES, FL 33024-3200

Mailing Address

1800 NORTH DOUGLAS ROAD, SUITE 200  
PEMBROKE PINES, FL 33024-3200



01272006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
42-1603448

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHN, DAVID L  
1800 NORTH DOUGLAS ROAD, SUITE 200  
PEMBROKE PINES, FL 33024-3200

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME JOHN, DAVID L  
STREET ADDRESS 1800 NORTH DOUGLAS ROAD, SUITE 200  
CITY-ST-ZIP PEMBROKE PINES, FL 330243200

TITLE MGR  
NAME WINTER PARK SUNSHINE HOLDINGS, LLC  
STREET ADDRESS 1800 NORTH DOUGLAS ROAD, SUITE 200  
CITY-ST-ZIP PEMBROKE PINES, FL 330243200

TITLE MGR  
NAME HARRIS, JOSEPH E  
STREET ADDRESS 1800 NORTH DOUGLAS ROAD, SUITE 200  
CITY-ST-ZIP PEMBROKE PINES, FL 330243200

TITLE MGR  
NAME WALLS INVESTMENTS, LLC  
STREET ADDRESS 1800 NORTH DOUGLAS ROAD, SUITE 200  
CITY-ST-ZIP PEMBROKE PINES, FL 330243200

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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

Date

Daytime Phone #