

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2008 08:00 AM
Secretary of State

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
605 E ROBINSON ST
500
ORLANDO, FL 32801



02082008 No Chg-LLC

CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

UD00000831519
02/27/08-80021-025 138.75

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

2/18/08 954-436-7000

Date

Daytime Phone #