

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034448

Entity Name: CC542 OF WINTER HAVEN, L.L.C.

FILED  
May 01, 2007  
Secretary of State

## Current Principal Place of Business:

10830 SW 113 PLACE  
MIAMI, FL 33176

## New Principal Place of Business:

135 N 6TH STREET  
SUITE A  
HAINES CITY, FL 33844

## Current Mailing Address:

10830 SW 113 PLACE  
MIAMI, FL 33176

## New Mailing Address:

135 N 6TH STREET  
SUITE A  
HAINES CITY, FL 33844

FEI Number: 20-0345390      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MURPHY, JOHN  
10830 SW 113 PLACE  
MIAMI, FL 33176      US

## Name and Address of New Registered Agent:

MURPHY, JOHN  
135 N 6TH STREET  
SUITE A  
HAINES CITY, FL 33844      US

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.

SIGNATURE:

05/01/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: MURPHY, JOHN  
Address: 10830 SW 113 PLACE  
City-St-Zip: MIAMI, FL 33176

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: MURPHY, JOHN  
Address: 135 N 6TH STREET  
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN T MURPHY

MGR

05/01/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date