


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90040 015 \*\*\*138.75

<b>DOCUMENT # L03000041017</b>	
1. Entity Name <b>WILLIAM WINTER &amp; ASSOCIATES, LLC</b>	

Principal Place of Business <b>4355-D MARIN WOODS PORT CLINTON, OH 43452</b>	Mailing Address <b>4355-D MARIN WOODS PORT CLINTON, OH 43452</b>
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2. Principal Place of Business - No P.O. Box # <b>3279 Nyacinth Dr</b>	3. Mailing Address <b>3279 Nyacinth Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Naples FL</b>	City & State <b>Naples FL</b>
Zip <b>34114</b>	Zip <b>34114</b>
Country <b>USA</b>	Country <b>USA</b>



04252008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>ICARD, MERRILL, CULLIS, TIMM, ET AL 2033 MAIN STREET, STE. 600 SARASOTA, FL 34237</b>	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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	DATE
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRP WINTER, WILLIAM L PH.D <b>3279 Nyacinth Dr</b> <del>4355-D MARIN WOODS</del> <del>PORT CLINTON, OH 43452</del> <b>Naples, FL 34114</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WINTER, ROSANNE L PH.D <b>3279 Nyacinth Dr</b> <del>4355-D MARIN WOODS</del> <del>PORT CLINTON, OH 43452</del> <b>Naples FL 34114</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>William L. Winter</b>	<b>4/25/08 (703) 314-5640</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	