

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000048771	
1. Entity Name WINTER GARDEN LAND COMPANY, LLC	

Principal Place of Business PO BOX 1992 WINDERMERE FL 34786	Mailing Address PO BOX 1992 WINDERMERE FL 34786
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

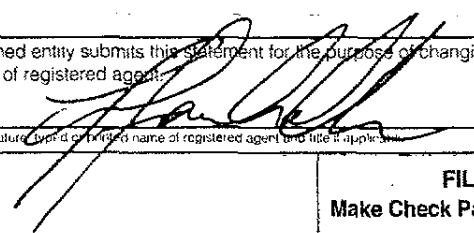
1st MOORE CR2E083 (10/05)

City & State	City & State	4. FEI Number 20-0864493	☐ Applied For ☐ Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent ASMA, WILLIAM N P.A. 884 SOUTH DILLARD STREET WINTER GARDEN FL 34787
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL 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  (NOTE: Registered Agent signature required when reinstating) **DATE**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FAIRBROTHER, FAITH PO BOX 1992 WINDERMERE FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1000000423501 ☐ Change ☐ Add 02/18/06-80012-006 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FAIRBROTHER, SIMON T PO BOX 1992 WINDERMERE FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/3/06

Date

Daytime Phone #