

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90080 039 ****50.00

DOCUMENT # L03000052212

1. Entity Name
M.A. WYNN CONSTRUCTION, LLC



Principal Place of Business
**4460 BELFOUNTAIN ST.
PORT CHARLOTTE, FL 33948**

Mailing Address
**4460 BELFOUNTAIN ST.
PORT CHARLOTTE, FL 33948
P.O. Box 50757
Fort Myers, FL 33994**

90071000



04242005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0716406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WYNN, MARK A
4460 BELFOUNTAIN ST.
PORT CHARLOTTE, FL 33948**

**Wynn, Mark A.
2256 Waldenmere Street
Sarasota, FL 34239**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WYNN, MARK A
STREET ADDRESS	4460 BELFOUNTAIN ST.
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948

TITLE	MGR
NAME	Wynn, Mark A
STREET ADDRESS	2256 Waldenmere Street
CITY-ST-ZIP	Sarasota, FL 34239

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 exemption stated in Section 119.07(3)(i), 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:

Mark A. Wynn **Mark A. Wynn**

4/23/05

941-766-8126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #