



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90016 023 \*\*\*\*50.00

<b>DOCUMENT # L03000052212</b>					
<b>1. Entity Name</b> M.A. WYNN CONSTRUCTION, LLC					
<b>Principal Place of Business</b> 4460 BELFOUNTAIN ST. PORT CHARLOTTE, FL 33948			<b>Mailing Address</b> PO BOX 50757 FORT MYERS, FL 33994		
<b>2. Principal Place of Business</b> 4371 GUARD ST. Suite, Apt. #, etc.		<b>3. Mailing Address</b> PO BOX 51144 Suite, Apt. #, etc.			
<b>City &amp; State</b> PORT CHARLOTTE, FL.		<b>City &amp; State</b> PUNTA GORDA, FL.		04212006    Chg-LLC    CR2E083 (11/05)	
<b>Zip</b> 33980		<b>Country</b> U.S.A.		<b>4. FEI Number</b> 20-0716406	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  WYNN, MARK A 2256 WALDEMERE STREET SARASOTA, FL 34239			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) 4371 GUARD ST. City PORT CHARLOTTE    FL    Zip Code 33980		
<b>8.</b> 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: <u>Mark A. Wynn</u> DATE: <u>4/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>MGR</b> <input type="checkbox"/> Delete WYNN, MARK A 2256 WALDEMERE ST SARASOTA, FL 34239	<b>TITLE</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	4371 GUARD ST. PORT CHARLOTTE, FL 33980		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>11.</b> 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: <u>Mark A. Wynn</u> Date: <u>4/21/06</u> Daytime Phone #: <u>941-766-8126</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					