


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000053135 1. Entity Name WYNNE CAPITAL, LLC	
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Principal Place of Business 8000 S. US 1, STE. 402 PORT ST LUCIE, FL 34952	Mailing Address 8000 S. US 1, STE. 402 PORT ST LUCIE, FL 34952
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**DO NOT WRITE IN THIS SPACE**



01122006No Chg-LLC      CR2E083 (11/05)

4. FEI Number 65-0901349	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WYNNE, JOEL F  
8000 S. US 1, STE. 402  
PORT ST LUCIE, FL 34952

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

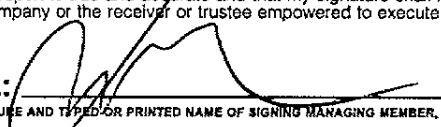
**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WYNNE, MATTHEW L 8000 S. US 1, STE. 402 PORT ST LUCIE, FL 34952
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U00000424649  
02/18/06-80058-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**       Joel F. Wynne      1/25/06 (772) 878-5513

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #