


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 08:00 A
Secretary of State

DOCUMENT # L03000053135

1. Entity Name
WYNNE CAPITAL, LLC



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



04162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0901349	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

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

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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 05/08/07-80053-004 50.00

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: 

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

Date _____ Daytime Phone # _____