


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000022904
 1. Entity Name
WYNNE CAPITAL II, LLC



Principal Place of Business
**8000 SOUTH US ONE, STE. 402
 PRT ST. LUCIE, FL 34952**

Mailing Address
**8000 SOUTH US ONE, STE. 402
 PRT ST. LUCIE, FL 34952**



0112007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FEE, FRANK H III
 401 SOUTH INDIAN RIVER DRIVE
 FORT PIERCE, FL 34950**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

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

000000611560
 02/02/07-80068-016 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WYNNE, ERIC P 8000 SOUTH US ONE, STE. 402 PORT ST LUCIE, FL 34952
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 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: X  Eric Wynne 1/16/07 (772) 878-5513