2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000022904

1. Entity Name

WYNNE CAPITAL II, LLC



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

Principal Place of Business

Mailing Address

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

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



01112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

accept

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

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	named entity submits this statement for the purpose of char- tions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and	
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, 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			
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS			-	

11. I hereby certify that the information supplied with this filling 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 regulred by Chapter 608, Florida Statutes.

CICKIATUDE.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Eric Wynne 1/16/07 (772) 878-5513