

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000031745

FILED
May 06, 2007
Secretary of State**Entity Name:** WINTERVILLE INVESTMENTS, LLC**Current Principal Place of Business:**3600 MYSTIC POINTE DRIVE
803
AVENTURA, FL 33180**New Principal Place of Business:**3600 MYSTIC POINTE DRIVE
1204
AVENTURA, FL 33180**Current Mailing Address:**3600 MYSTIC POINTE DRIVE
803
AVENTURA, FL 33180**New Mailing Address:**3600 MYSTIC POINTE DRIVE
1204
AVENTURA, FL 33180**FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BRIAN K JONES, TRUSTEE U/A/D 03/14/06
3600 MYSTIC POINTE DRIVE
803
AVENTURA, FL 33180 US**Name and Address of New Registered Agent:**BRIAN K JONES, TRUSTEE U/A/D 03/14/06
3600 MYSTIC POINTE DRIVE
1204
AVENTURA, FL 33180 US

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.

SIGNATURE: BRIAN K JONES, TRUSTEE

05/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: BRIAN K JONES, TRUST, EE U/A/D 03/14 / 06
Address: 3600 MYSTIC POINTE DRIVE, #803
City-St-Zip: AVENTURA, FL 33180**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: BRIAN K JONES, TRUST, EE U/A/D 03/14 / 06
Address: 3600 MYSTIC POINTE DRIVE, #1204
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN K JONES, TRUSTEE

PRES

05/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date