

# **2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000033317

**FILED**  
**Jul 25, 2007**  
**Secretary of State**

**Entity Name:** WYNNE CAPITAL IV, LLC

**Current Principal Place of Business:**

8000 SOUTH US ONE, SUITE 402  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

12804 SW 122ND AVE  
MIAMI, FL 33186

**Current Mailing Address:**

8000 SOUTH US ONE, SUITE 402  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

12804 SW 122ND AVE  
MIAMI, FL 33186

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WYNNE, JOEL F  
8000 SOUTH US ONE STE 402  
PORT SAINT LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WYNNE, MATTHEW L  
Address: 8000 S. US 1, SUITE 402  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WYNNE CAPITAL, INC.,  
Address: 12804 SW 122ND AVENUE  
City-St-Zip: MIAMI, FL 33186

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:** JOEL F. WYNNE

**PRES**

**07/25/2007**

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