

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90014 039 \*\*\*\*55.00

**DOCUMENT # L04000049890**

1. Entity Name  
**CORDOBA - WINTERPARK, LLC**



Principal Place of Business

**3802 GUNN HWY  
SUITE A  
TAMPA, FL 33624 US**

Mailing Address

**3802 GUNN HWY  
SUITE A  
TAMPA, FL 33624 US**



2. Principal Place of Business

**15100 Hutchison Rd.**  
Suite, Apt. #, etc.

3. Mailing Address

**15100 Hutchison Rd.**  
Suite, Apt. #, etc.

02272006 Chg-LLC CR2E083 (11/05)

City & State

**Tampa FL**

City & State

**Tampa, FL**

4. FEI Number  
**20-1541635**

Applied For  
Not Applicable

Zip  
**33625** Country

Zip  
**33625** Country

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

6. Name and Address of Current Registered Agent

**PONTON, LANCE  
~~3802-A GUNN HWY~~  
TAMPA, FL 33618**

7. Name and Address of New Registered Agent

Name **Ponton, Lance**  
Street Address (P.O. Box Number is Not Acceptable)  
**15100 Hutchison Rd.**  
City **Tampa** FL Zip Code **33625**

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

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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PONTON, LANCE  
3802-A GUNN HWY  
TAMPA, FL 33618** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**15100 Hutchison Rd.  
Tampa FL 33625** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

**Lance Ponton**

**Lance Ponton**

**813-961-4341**

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

Date

Daytime Phone #