2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State
04-04-2005 90430 013 ****55.00

DOCUMENT # L04000078369

1. Entity Name
WINTER ADVENTURES LLC

Principal Place of Business	Mailing Address
1175 CEDAR FALLS DRIVE WESTON, FL 33327	1175 CEDAR FALLS DRIVE WESTON, FL 33327

01242005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
306 INDIAN TRACE	1175 CEDAR FALLS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON	City & State: WESTON, FL
Zip: 33326 Country: FL	Zip: 33327 Country:

4. FEI Number 20-1817911 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINTER, PEDRO 1179 CEDAR FALLS DRIVE WESTON, FL 33327	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WINTER, PEDRO 1175 CEDAR FALLS DRIVE WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WINTER, RUTH P 1175 CEDAR FALLS DRIVE WESTON, FL 33327	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 2-15-05 9542176995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #