

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

1/30/7

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90156 022 \*\*\*\*50.00

<b>DOCUMENT # L05000011410</b> 1. Entity Name <b>WINTER DALE ACADEMY LLC</b>					
Principal Place of Business <b>125 RAINTREE COURT AUBURNDALE, FL 33823</b>			Mailing Address <b>125 RAINTREE COURT AUBURNDALE, FL 33823</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>3115 Havendale Blvd.</b>			3. Mailing Address Suite, Apt. #, etc. <b>3115 Havendale Blvd</b>		
City & State <b>Auburndale, FLA.</b>		City & State <b>Auburndale FLA.</b>		4. FEI Number <b>59-34515-39</b>	
Zip <b>33823</b>		Country <b>POIK</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NORTHERN, PAULA M 125 RAINTREE COURT AUBURNDALE, FL 33823</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE: <b>MGRM</b> <input type="checkbox"/> Delete NAME: <b>NORTHERN, PAULA M</b> STREET ADDRESS: <b>125 RAINTREE COURT</b> CITY-ST-ZIP: <b>AUBURNDALE, FL 33823</b>			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP: 		
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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 608, Florida Statutes.					
SIGNATURE: <u>Paula Northern</u> <span style="float: right;">1-26-06 863-965-0112</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

30001742





ATTACHMENT

30001742

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2006

WINTER DALE ACADEMY LLC  
125 RAINTREE COURT  
AUBURNDALE, FL 33823

*Done*

Subject: WINTER DALE ACADEMY LLC

Reference Number: **L05000011410**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ

ANNUAL REPORTS SECTION