

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90226 016 ****50.00

60032674



DOCUMENT # L05000036558 1. Entity Name WINGATE VILLAGE, LLC			
Principal Place of Business 2935 FOREST CIRCLE JACKSONVILLE, FL 32223		Mailing Address 2935 FOREST CIRCLE JACKSONVILLE, FL 32223	
2. Principal Place of Business - No P.O. Box # 9309 Old Kings Rd. S. Suite, Apt. #, etc. 1-A		3. Mailing Address 9309 Old Kings Rd. S. Suite, Apt. #, etc. 1-A	
City & State Jacksonville, FL Zip 32257 Country US		City & State Jacksonville, FL Zip 32257 Country US	
4. FEI Number 20-2690190		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03292007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent INTREPID REGISTERED AGENT SERVICES, LLC ONE INDEPENDENT DRIVE SUITE 1200 JACKSONVILLE, FL 32202		7. Name and Address of New Registered Agent Name Gloria Manchard Street Address (P.O. Box Number is Not Acceptable) 9309 Old Kings Rd. S. #1-A City Jacksonville State FL Zip Code 32257	
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 (NOTE: Registered Agent signature required when reinstating) DATE 4/02/07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MPST EDMONDS, DANA 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MV CUTTS, WILLIAM 9309-1A OLD KINGS ROAD SOUTH JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	
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: Date 4/02/07 (904) 937-9322	