## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000036558

1. Entity Name

WINGATE VILLAGE, LLC



Principal Place of Business

9309 OLD KINGS RD SOUTH

1.4

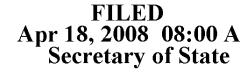
JACKSONVILLE, FL 32257

Mailing Address

9309 OLD KINGS RD SOUTH

1-A

JACKSONVILLE, FL 32257





DO NOT WRITE IN THIS SPACE

04022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2690190

Applied For Not Applicable

5. Certificate of Status Desired

\$5,00 Additional Fee Required

6. Name and Address of Current Registered Agent

MENCHERO, GLORIA 9309 OLD KINGS RD SOUTH 1-A JACKSONVILLE, FL 32257 DO NOT WRITE IN THIS SPACE

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 Fiorida.	I am famillar 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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MPST
NAME	EDMONDS, DANA
STREET ADDRESS	9309-1A OLD KINGS ROAD SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	MV
NAME	CUTTS, WILLIAM
STREET ADDRESS	9309-1A OLD KINGS ROAD SOUTH
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
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IN THIS SPACE

11. I nereby certify that the information supplied with this filling 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 eath; 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: Win h atto

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

1/16/08

904-737-9322

Daytime Phone #