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2008 LIMITED LIABILITY COMPA ANNUAL REPORT	NY	Feb 08, 2008 8:00 am Secretary of State
CLIMENT #1 05000062778	THE TOTAL PROPERTY OF THE PARTY	02-08-2008 90095 035 ***138.75

DOCUMENT # L05000062778 1. Entity Name WINTER GARDEN PROPERTY, LLC						02-08-2008		35 ***13	38.75
Principal Plac	e of Business	Mailing Address				600067	740		
10600 ORAN		PO BOX 55					-0		
ORLANDO, FL 32824-7723 ORLANDO, FL 32802									
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2 Original D	Naca of Business - No B.O. Boy #	3. Mailing Address							
Principal Place of Business - No P.O. Box # Amailing Address					IBIĞI BIRIN BENIN BONN BON	I 03W0 0#IO #ION			
Suite, Apt. #, etc. Suite, Apt. #, etc.					04000000			'	
					01222008	Chg-LLC	CR2E08	3 (12/06)	
City & Stat	е .	City & State			4. FEI Number				plied For
			T		20-3042	407			t Applicable
Zip	Country	Zip	Count	iry	5. Certificate of	of Status Desired		5.00 Add	
	6. Name and Address of Curren	It Registered Agent			7. Name and	Address of New R			
				Name			-9. azar an WE	,- <u></u>	
STRATES									
	ANGE AVENUE			Street Address	(P.O. Box Numbe	r is Not Acceptable))		
ORLANDO), FL 32824-7723								
				City			FL	Zip Code	•
	named entity submits this statement t	for the purpose of changing it	ts registere	ed office or registe	ered agent, or both	, in the State of Flo	rida. I am fa	miliar with, a	and accept
the obligat	ions of registered agent.								
SIGNATURE .									
	Signature, typed or printed name of registered ager	nt and title if applicable (NC	TE: Registered	Agent signature require	ed when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State					
		75						_	,
After May	/ 1, 2008 Fee will be \$538.7		10.			Florida	Departme	_	•
		BERS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·			Department CHANGES	nt of State	
After May	/ 1, 2008 Fee will be \$538.7		_	1		Florida	Department CHANGES	_	Addition :
9.	/ 1, 2008 Fee will be \$538.7 MANAGING MEMB	BERS/MANAGERS	TITLE	1		Florida	Department CHANGES	nt of State	
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9. IIILE NAME STREET ADDRESS	MANAGING MEMB MGRM STRATES, E. J. 10600 ORANGE AVE	BERS/MANAGERS	TITLE NAME STREE	ET ADDRESS ST-ZIP		Florida	Department	nt of State	
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SIGNATURE: F. JAY STRATTS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-22-08 Date

907 - 655-393 9 Daytime Phone #