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May 17, 2007 8:00 am
Secretary of State

04-23-2007 90357 023 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000084554

1. Entity Name
REGWIN, LLC

30008178

04162007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
1205 ELIZABETH STREET SUITE J PUNTA GORDA, FL 33951-2111 US	PO BOX 512116 PUNTA GORDA, FL 33951-2111 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
5377 Duncan Rd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Punta Gorda, FL	City & State
Zip: 33982 Country: Charlotte	Zip Country

4. FEI Number: 61-1493263 ☐ 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
LOWERY, ELIZABETH G 1107 WEST MARION AVENUE, SUITE 112 PUNTA GORDA, FL 33950	Name: George A. Winslow Street Address (P.O. Box Number is Not Acceptable): 5377 Duncan Rd City: Punta Gorda FL Zip Code: 33982

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 [signature] DATE 4-18-07

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. WINSLOW, GEORGE PO BOX 512116 PUNTA GORDA, FL 339512111 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cornerstone Grove, LLC PO BOX 512116 Punta Gorda FL 33951 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEORGE Winslow P.O. Box 512116 Punta Gorda, FL 33951 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4-18-07 (941)575-1505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #