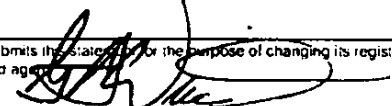
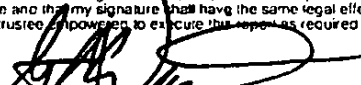


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2007 8:00 am
Secretary of State

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

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DOCUMENT # L05000084554			
1. Entity Name REGWIN, LLC			
Principal Place of Business 1205 ELIZABETH STREET SUITE J PUNTA GORDA, FL 33951-2111 US		Mailing Address PO BOX 512116 PUNTA GORDA, FL 33951-2111 US	
2. Principal Place of Business - No P.O. Box # 5377 Duncan Rd		3. Mailing Address 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 LOWERY, ELIZABETH G 1107 WEST MARION AVENUE, SUITE 112 PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent Name: George A. Winslow Street Address (P.O. Box Number is No. Acceptable): 5377 Duncan Rd City: Punta Gorda FL Zip: 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 		DATE 4-18-07	
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-STATE-ZIP MR. WINSLOW, GEORGE PO BOX 512116 PUNTA GORDA, FL 339512111	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP MGR Cornerstone Grove, LLC PO BOX 512116 Punta Gorda, FL 33951	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP MGR GEORGE Winslow P.O. Box 512116 Punta Gorda, FL 33951	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-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: 		DATE 4-18-07 (941)575-1505	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	