
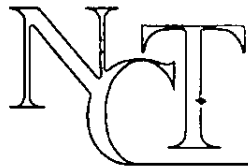


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 18, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90085 010 \*\*\*150.00

<b>DOCUMENT # L05030106798</b> 1. Entity Name <b>WYNGATE PROPERTIES LLC</b>					
Principal Place of Business <b>2741 EDWARDS RD HAINES CITY, FL 33844</b>			Mailing Address <b>P.O. BOX 1076 DUNDEE, FL 33838</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>WYNGATE, HAL 2741 EDWARDS RD MAIL IS NOT DELIVERED TO THIS ADDRESS HAINES CITY, FL 33844</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>20-5373091</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WYNGATE, HAL T 2741 EDWARDS RD HAINES CITY, FL 33844	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WYNGATE, NORMA 2741 EDWARDS RD HAINES CITY, FL 33844	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <u>Hal Wyngate</u> <span style="float: right;">7/19/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



ATTACHMENT 30012803  
#L05800106798  
The NCT Group CPA's, L.L.P.

Certified Public Accountants and Consultants

July 19, 2006

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314-6198

Re: Wyngate Properties, L.L.C.

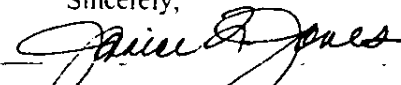
To Whom It May Concern:

We have been asked to respond to your Notice of Intent To Dissolve the above referenced corporation.

Please find enclosed a completed 2006 Annual Corporate Report along with a \$ 150 filing fee. Though this LLC was organized in 2005 it was not activated until 2006. The sole member was not aware of the filing requirements of an Annual Report and did not recognize the original postcard when it arrived and discarded it. Once he received this notice he contacted our office and we were able to download the form and prepare for his signature.

We respectfully request an abatement of all penalties. If you should have any additional questions you can reach me at 863-683-6783.

Sincerely,

  
Janice T. Jones, CPA

JTJ/ajb

Enclosures

**RSM McGladrey Network**

An Independently Owned Member

811 E. MAIN STREET • P.O. BOX 1076 • LAKE LAND, FLORIDA 33802-1076 • (863) 683-6783 • FAX (863) 687-2220  
435 SOUTH COMMERCE AVENUE • SEBRING, FLORIDA 33870-3702 • (863) 385-1577 • FAX (863) 385-0647  
202 SECURITY SQUARE BUSINESS CENTER • P.O. BOX 2239 • WINTER HAVEN, FLORIDA 33883-2239 • (863) 294-4131 • FAX (863) 294-3927