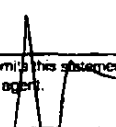
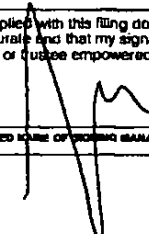


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

FILED
Jun 18, 2007 8:00 am
Secretary of State

05-01-2007 90329 036 ****50.00

DOCUMENT # L06000044531					
1. Entity Name MN WINEGARD LLC					
Principal Place of Business 9848 S. ORANGE AVENUE ORLANDO, FL 32824			Mailing Address 9848 S. ORANGE AVENUE ORLANDO, FL 32824		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-4778500					
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent CRUZ, RODOLFO N 9848 S. ORANGE AVE ORLANDO, FL FL			7. Name and Address of New Registered Agent Name MAURICIO VARGAS Street Address (P.O. Box Number is Not Acceptable) 5381 WATERVISTA DR City ORLANDO FL Zip Code 32821		
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 4/30/07					
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-ST-ZIP	MGRM VARGAS, MAURICE 5381 WATERVISTA DRIVE ORLANDO, FL 32821	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CRUZ, RODOLFO N 841 IBSEN AVENUE ORLANDO, FL 32809	☐ 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
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:  DATE 4/30/07 DAYTIME PHONE # 4079039996					