

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099978

FILED
Aug 09, 2008
Secretary of State

Entity Name: WINNETTE PARTNERS, LLC

Current Principal Place of Business:

3227 SOUTH US HIGHWAY ONE
FT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

1385 NW LEONARDO CIRCLE
PORT ST LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 38-3768362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCCAULSKY - WALKER, VINETTE R
1385 NW LEONARDO CIRCLE
PORT ST LUCIE, FL 34986 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCAULSKY - WALKER, VINETTE R
Address: 1385 NW LEONARDO CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: MGRM () Delete
Name: HAYNES, WINSTON E
Address: 1385 NW LEONARDO CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34952 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HAYNES, WINSTON E
Address: 1385 NW LEONARDO CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34986 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VINETTE MCCAULSKYWALKER

MGRM

08/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date