

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005241

FILED
Apr 01, 2009
Secretary of State

Entity Name: WINSLOW MANAGEMENT GROUP LLC

Current Principal Place of Business:

6715 SW 35TH WAY
GAINESVILLE, FL 32608

New Principal Place of Business:

6592 SW 90TH ST.
GAINESVILLE, FL 32608

Current Mailing Address:

6715 SW 35TH WAY
GAINESVILLE, FL 32608

New Mailing Address:

6592 SW 90TH ST.
GAINESVILLE, FL 32608

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINSLOW, DAMON S
6715 SW 35TH WAY
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

WINSLOW, DAMON S
6592 SW 90TH ST.
GAINESVILLE, FL 32608 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:

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WINSLOW, DAMON S
Address: 6715 SW 35TH WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: WINSLOW, LAURIE E
Address: 6715 SW 35TH WAY
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WINSLOW, DAMON S
Address: 6592 SW 90TH ST.
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM (X) Change () Addition
Name: WINSLOW, LAURIE E
Address: 6592 SW 90TH ST.
City-St-Zip: GAINESVILLE, FL 32608

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: DAMON S. WINSLOW

PRES

04/01/2009

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