

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000005241

FILED
May 19, 2009
Secretary of State**Entity Name:** WINSLOW MANAGEMENT GROUP LLC**Current Principal Place of Business:**6592 SW 90TH ST.
GAINESVILLE, FL 32608**New Principal Place of Business:****Current Mailing Address:**6592 SW 90TH ST.
GAINESVILLE, FL 32608**New Mailing Address:****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
6592 SW 90TH ST.
GAINESVILLE, FL 32608 US**Name and Address of New Registered Agent:**

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: WINSLOW, DAMON S
Address: 6592 SW 90TH ST.
City-St-Zip: GAINESVILLE, FL 32608**Title:** MGRM (X) Delete
Name: WINSLOW, LAURIE E
Address: 6592 SW 90TH ST.
City-St-Zip: GAINESVILLE, FL 32608**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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

MGRM

05/19/2009

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