

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000079560

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** WINTER HAVEN RESIDENCES GP, LLC

**Current Principal Place of Business:**

4110 SOUTHPOINT BLVD  
SUITE 206  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

4110 SOUTHPOINT BLVD  
SUITE 206  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 27-0765242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LI, WILLIAM  
245 RIVERSIDE AVENUE  
SUITE 400  
JACKSONVILLE, FL 32202 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:** MGR  
**Name:** PARENT, BRIAN  
**Address:** 4110 SOUTHPOINT BLVD. SUITE 206  
**City-St-Zip:** JACKSONVILLE, FL 32216

**Title:** MGR  
**Name:** STADLER, BRIAN  
**Address:** 4110 SOUTHPOINT BLVD. SUITE 206  
**City-St-Zip:** JACKSONVILLE, FL 32216

I hereby 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:** BRIAN PARENT

MGR

04/27/2012

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