2006 LIMITED LIABILITY COMPANY ANNUAL REPORT FILE 1332)
Apr 26, 2006 08:00 All
Secretary of State

ANNUAL REPORT			Apr 2	26, 20061 08:00
DOCUMENT # L99000 1. Entity Name WINTERGATE, LLC	006422		Se	cretary of Stat
Principal Place of Business 721 NE 3RD AVE. FORT LAUDERDALE, FL 33304	Mailing Address 721 NE 3RD AVE. FORT LAUDERDALE, FL 33:	304		
		#		
DO NOT WRITE IN THIS SPACE			04182006 No Chg-LLC	CR2E083 (11/05)
DO NOT WRI	IE IN THIS SPA	ACE	4. FEI Number 65-0952274	Applied For Not Applicable
		<u> </u>	5. Certificate of Status Desired	55.00 Additional Fee Required
6. Name and Address of Current Registered Agent CLARK, THOMAS M 2400 EAST COMMERCIAL BLVD., STE 820 FORT LAUDERDALE, FL 33308			DO NOT W IN THIS SF	
The above named entity submits this states the obligations of registered agent. SIGNATURE	nent for the purpose of changing its regis	stered office or register	red agent, or both, in the State of Flo	orida. I am familiar with, and accept
Signature, typed or printed name of register	ed agent and little if applicable. (NOTS, Regi	stered Agent signature required	f when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006		~ 1		
	MEMBERS/MANAGERS			
MGRM NAME DOERING, RALPH H STREET ADDRESS 721 NE 3RD AVE CITY-ST-ZIP FT.LAUDERDALE, FL 333	04	<u> </u>	.0000001 05/06/06-1	533702 80134-019 50.00
TITLE MGRM NAME DOERING, JOHN C 721 NE 3RD AVE CITY-SI-ZIP FT.LAUDERDALE, FL 333	04			
TITLE NAME				
STREET ADDRESS CITY-ST-ZIP			DO NOT W	RITE
TITLE		_	IN THIS SE	PACE
NAME STREET ADDRESS CITY-ST-ZIP		1		

11. I hereby certify that the information supplies 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 diall 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 faceiver or trustee engagement to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: May be have of signing managing member, or authorized representative

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

4/06 954-525-0210

Daytime Phone #