

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90076 011 \*\*\*\*50.00

**DOCUMENT # M03000003347**

1. Entity Name  
**WINTER HAVEN OAKS FSPE LLC**



Principal Place of Business  
**150 N. WACKER DR., STE. 900  
CHICAGO, IL 60606**

Mailing Address  
**150 N. WACKER DR., STE. 900  
CHICAGO, IL 60606**

**63000100**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HOMETOWN RESIDENTIAL MANAGER, L.L.C.  
150 N. WACKER DR., STE. 900  
CHICAGO, IL 60606**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Please see attached signature page 04/22/2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Attachment

24058790

# 10300003347

Signature Page

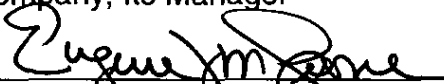
**2004 Limited Liability Company Annual Report**

**WINTER HAVEN OAKS FSPE LLC**

Winter Haven Oaks FSPE LLC, a DE limited liability company

By: Hometown Residential Manager, L.L.C., a DE limited liability company, Its Manager

By:

  
Eugene J.M. Leone, Secretary