2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Feb 28, 2005 08:00 AN Secretary of State

1. Entity Name
WINTERHAVEN PARTNER, LLC



Principal Place of Business

C/O CHARLES F. HEARD, JR. 2900 DELK ROAD, SUITE 700, BOX #314 MARIETTA, GA 30067 Mailing Address

C/O CHARLES F, HEARD, JR. 2900 DELK ROAD, SUITE 700, BOX #314 MARIETTA, GA 30067



02172005 No Chg-LLC

CR2E083 (10/03)

 4. FEI Number
 Applied For 20-0969300

 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulred

770.953 2020

Daytime Phone #

2-23-05

6. Name and Address of Current Registered Agent

SMITH, BERNARD E ONE SLEIMAN PARKWAY, SUITE 270 JACKSONVILLE, FL 32216

SIGNATURE: CF Heard

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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			Gent %gnature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CLTY - ST - ZIP	MGR HEARD, CHARLES F JR 2900 DELK ROAD, SUITE 700, BOX #314 MARIETTA, GA 30067			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				# 100 #21480444 0.6072841 8484849 84036
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP			IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-S1-ZIP				
TITLE NAME STREET ADDRESS CHY-ST-ZIP				

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