


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000004602**

1. Entity Name  
**COLE CV WINTER HAVEN FL, LLC**



Principal Place of Business      Mailing Address

**2555 E. CAMELBACK ROAD, SUITE 400**      **2555 E. CAMELBACK ROAD, SUITE 400**  
**PHOENIX, AZ 85016**      **PHOENIX, AZ 85016**

**DO NOT WRITE IN THIS SPACE**



04202006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
**43-1987351**      Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.**  
**2731 EXECUTIVE PARK DRIVE, SUITE 4**  
**WESTON, FL 33331**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SERIES B, LLC
STREET ADDRESS	2555 E. CAMELBACK ROAD, SUITE 400
CITY-ST-ZIP	PHOENIX, AZ 85016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/10/06-80048-025 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied 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 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:**  **JOHN M. PONS, AUTHORIZED OFFICER OF MANAGER**      Date **4/24/2006**      Daytime Phone # **602-778-8700**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #