
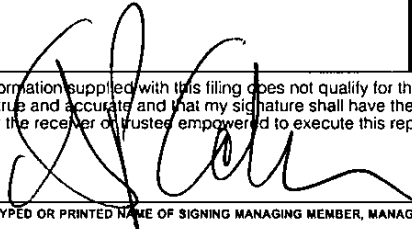


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90104 001 \*\*\*110.00

DOCUMENT # M05000004811					
1. Entity Name <b>WINTER HAVEN ASSOCIATES, LLC</b>					
Principal Place of Business 31000 NORTHWESTERN HIGHWAY, SUITE 220 FARMINGTON HILLS, MI 48334			Mailing Address 31000 NORTHWESTERN HIGHWAY, SUITE 220 FARMINGTON HILLS, MI 48334		
2. Principal Place of Business <b>1520 Royal Palm Sq. Blvd.</b>			3. Mailing Address <b>1520 Royal Palm Sq. Blvd.</b>		
Suite, Apt. #, etc. <b>Suite #210</b>			Suite, Apt. #, etc. <b>Suite #210</b>		
City & State <b>Fort Myers, FL</b>			City & State <b>Fort Myers, FL</b>		
Zip <b>33919</b>		Country <b>USA</b>		07192006 Chg-LLC CR2E083 (11/05)	
4. FEI Number <b>20-3341856</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>NORTON, SAM D</b> <b>1819 MAIN STREET, SUITE 610</b> <b>SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHA MANAGER, LLC		NAME		
STREET ADDRESS	31000 NORTHWESTERN HIGHWAY, SUITE 220		STREET ADDRESS		
CITY-ST-ZIP	FARMINGTON HILLS, MI 48334		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Steven P. Adler 7/19/06 239.790.0004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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