

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90044 027 ****50.00

DOCUMENT # L03000030148

1. Entity Name
WINKLER HOLDINGS, LLC



Principal Place of Business: 3001 W. HALLANDALE BEACH BLVD. SUITE 300, PEMBROKE PARK, FL 33009
 Mailing Address: 3001 W. HALLANDALE BEACH BLVD. SUITE 300, PEMBROKE PARK, FL 33009

20020698



2. Principal Place of Business: Suite, Apt. #, etc.; City & State; Zip; Country
 3. Mailing Address: Suite, Apt. #, etc.; City & State; Zip; Country

02132006 Chg-LLC CR2E083 (11/05)

4. FEI Number: 80-0079247
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
THOMAS, HANK
 3001 W. HALLANDALE BEACH BLVD. SUITE 300
 PEMBROKE PARK, FL 33009

7. Name and Address of New Registered Agent
 Name: **SAM JAZAYRI**
 Street Address (P.O. Box Number is Not Acceptable): **3001 W. HALLANDALE BEACH BLVD**
SUITE 300
 City: **PEMBROKE PARK FL** Zip Code: **33009**

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: DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THOMAS, HANK <input checked="" type="checkbox"/> Delete 22150 SWEETWATER LANE SOUTH BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JAZAYRI, SAM <input type="checkbox"/> Delete 3001 W. HALLANDALE BEACH BLVD. SUITE 300 PEMBROKE PARK, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SAM JAZAYRI** 3/21/06 954-981-1154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #