

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002064

1. Entity Name

WIN II, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 20 AM 10:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

240 E. 27TH STREET, SUITE 21G
NEW YORK NY 10016

Mailing Address

240 E. 27TH STREET, SUITE 21G
NEW YORK NY 10016

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-4058591

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

FORBES, PHILIP H ESQ.
% BUTZEL LONG, P.C.
1200 NORTH FEDERAL HIGHWAY, SUITE 411
BOCA RATON FL 33432

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME MGR
STREET ADDRESS CHEVALLER, DONALD J
CITY-ST-ZIP 240 E. 27TH STREET, SUITE 21G
NEW YORK NY 10016

TITLE Change Addition
NAME CHEVALIER, DONALD J
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME MGR
STREET ADDRESS HAMM, DANIEL D
CITY-ST-ZIP 240 E. 27TH STREET, SUITE 21G
NEW YORK NY 10016

TITLE Change Addition
NAME
STREET ADDRESS 700003410557--0
CITY-ST-ZIP -10/02/00--01011--004
*****50.00 *****50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-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: X SIGNATURE REQUIRED DONALD J. CHEVALIER 9/7/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)