


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

146/147  
**FILED**

**Jul 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M99000001194**

1. Entity Name  
WINKAL HOLDINGS, L.L.C.



Principal Place of Business C/O WIN PROPERTIES, INC. 66 FIELD POINT ROAD GREENWICH, CT 06830	Mailing Address C/O WIN PROPERTIES, INC. 66 FIELD POINT ROAD GREENWICH, CT 06830
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06282005 No Chg-LLC      CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 06-1546870	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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

**Filing Fee is \$50.00**  
**Due by September 7, 2005**

1100000374842  
07/28/05-80006-001 100.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINKAL MANAGEMENT, L.L.C. 66 FIELD POINT ROAD GREENWICH, CT 06830
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  \_\_\_\_\_ **6/30/05 203-861-7788**

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