


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State


09-04-2007 90083 017 ****50.00

DOCUMENT # M99000001194 1. Entity Name WINKAL HOLDINGS, L.L.C.	
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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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2. Principal Place of Business - No P.O. Box # 10 RYE BROOK PLAZA Suite, Apt. #, etc. SUITE 200	3. Mailing Address 10 RYE BROOK PLAZA Suite, Apt. #, etc. SUITE 200
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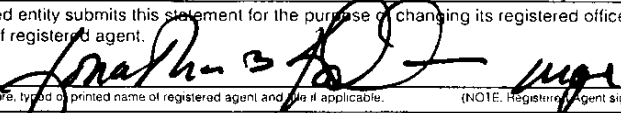
City & State RYE BROOK, NY Zip 10573 Country	City & State RYE BROOK, NY Zip 10573 Country
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08012007	Chg-LLC	CR2E083 (12/06)
4. FEI Number 06-1546870	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

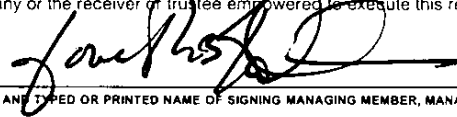
SIGNATURE  DATE 8/1/07

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

Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	10 RYE BROOK PLAZA, SUITE 200	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINKAL MANAGEMENT, L.L.C.			NAME			
STREET ADDRESS	66 FIELD POINT ROAD			STREET ADDRESS			
CITY-ST-ZIP	GREENWICH, CT 06830			CITY-ST-ZIP	RYE BROOK, NY 10573		
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:  DATE 8/15/07 DAYTIME PHONE # 914-468-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE