2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

10 WILLOWBROOK LANE. #203

DELRAY BEACH FL 33446

DOCUMENT # L0000009446

1. Entity Name

WINTERCREST, L.L.C.

Principal Place of Business

DELRAY BEACH FL 33446

Suite, Apt. #, etc.

City & State

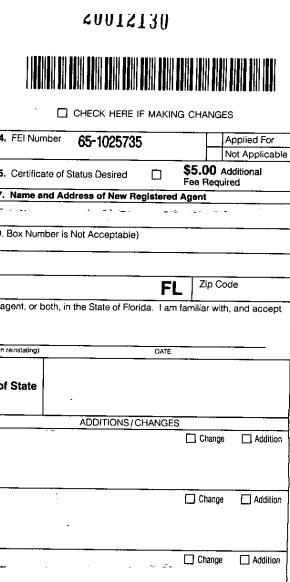
10 WILLOWBROOK LANE. #203

2. Principal Place of Business



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90311 021 ****50.00



City & State		City & State	City & State		4. FEI Number 65-1025735		Applied For
Zip	Country	7in					Not Applicable
			Zip Country		5. Certificate of Status Desired		
	6. Name and Address of Current		7. Name and Address of New Registered Agent				
	AGGARIS, ELIAS G		Name				· · · · · · · · · · · · · · · · · · ·
	WILLOWBROOK LANE, #203 RAY BEACH FL 33446		Street Addres	s (P.O. Box Number is Not Accept	abie)		
			City		FL	Zip Coo	
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered office or regis	tered agent, or both, in the State o	Florida. I am	familiar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if analysts in the contract of the c					
	Comment in registered agent a	ind title it applicable. (NOTI	E: Registered Agent signature requi	red when reinstating)	DATE		
9.		Make Check Payabi	OW!!! FEE IS \$50.00 e to Florida Departme By May 1, 2003				
	MANAGING MEMBERS/MANAGERS		10.	ADDITIO	NS/CHANGES	;	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAGGARIS, ELIAS G 10 WILLOWBROOK LN. #203 DELRAY BEACH FL 33446	- Delete	TITLE . NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHAGGARIS, FRANCES 10 WILLOWBROOK LN. #203 DELRAY BEACH FL 33446	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	Change	Addition
11. I hereby ce indicated o	ertify that the information supplied with the information supplied with the report is true and accurate and the supplied with the research and the supplied with the supplied	his filing does not qualify for that my signature shall have the	the exemption stated in S ne same legal effect as if i	ection 119.07(3)(i), Florida Statute made under oath; that I am a man	s. I further cert	ify that the in	formation

execute this report as required by Chapter 608, Florida Statutes.