

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

2004 DEC 16 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000008282 1. Entity Name WINNER'S CIRCLE DESIGNS, LLC			
Principal Place of Business 2363 ALEXANDER PALM DRIVE NAPLES, FL 34105		Mailing Address 2363 ALEXANDER PALM DRIVE NAPLES, FL 34105	
2. Principal Place of Business P.O. Box 1857 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1857 Suite, Apt. #, etc.	
City & State Windermere, FL Zip Country 34786 USA		City & State Windermere, FL Zip Country 34786 USA	
4. FEI Number 59-3726422		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		12132004 REIN-LLC CR2E101 (6/04)	
6. Name and Address of Current Registered Agent MARC F OATES, P.A. 10001 TAMiami TRAIL NORTH, STE 114 NAPLES, FL 34108		7. Name and Address of New Registered Agent Name Lynn W. Wright, P.A. Street Address (P.O. Box Number is Not Acceptable) 2716 Rew Circle - Suite 102 City State Zip Code Ocoee FL 34761	
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 Lynn W. Wright, Esq. DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM BERRY, CHRISTINE J 2363 ALEXANDER PALM DRIVE NAPLES, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 600043465636 12/16/04--01045--007 ***50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM BERRY, DAWN M PO BOX 2604 WINDERMERE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM Berry, Dawn M. P.O. Box 1857 Windermere, FL 34786	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM Lassig, Theresa K. P.O. Box 1367 Rhineland, WI 54501	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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: Dawn M. Berry <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date _____ Daytime Phone # _____	