


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L01000013579	
<b>1. Entity Name</b> WIN & PLACE STABLE, LLC	

<b>Principal Place of Business</b> 400 S. OCEAN BLVD R-26 BOCA RATON, FL 33432	<b>Mailing Address</b> 400 S. OCEAN BLVD R-26 BOCA RATON, FL 33432
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04192004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 65-1130592	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  FRISINA, RICHARD 400 S. OCEAN BLVD. R-26 BOCA RATON, FL 33432	<b>DO NOT WRITE IN THIS SPACE</b>
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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 *Richard Frisina* 4/23/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRISINA, RICHARD J 400 S. OCEAN BLVD. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOTWINICK, ROBERT 5687 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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:** *Richard Frisina* 4/23/04 521-416-4044  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #