


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90022 024 ****50.00

DOCUMENT # L01000013579

1. Entity Name
WIN & PLACE STABLE, LLC



Principal Place of Business
**365 HAMLET DR
 DELRAY BEACH, FL 33445 US**

Mailing Address
**365 HAMLET DR
 DELRAY BEACH, FL 33445 US**

40010103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
6820 Queenferry Circle
 City & State
Boca Raton, FL
 Zip
33496
 Country
USA

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6820 Queenferry Circle
 City & State
Boca Raton, FL
 Zip
33496
 Country
USA

03012006 Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1130592

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**FRISINA, RICHARD
 365 HAMLET DR
 DELRAY BEACH, FL 33445**

7. Name and Address of New Registered Agent

Name
Frisinga, Richard
 Street Address (P.O. Box Number is Not Acceptable)
6820 Queenferry Circle
 City
Boca Raton **FL** Zip Code
33496

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 Frisinga* DATE 3/15/06

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

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	FRISINA, RICHARD J <input type="checkbox"/> Delete	TITLE MGR	Frisinga, Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISINA, RICHARD J	NAME	Frisinga, Richard
STREET ADDRESS	365 HAMLET DR	STREET ADDRESS	6820 Queenferry Circle
CITY-ST-ZIP	DELRAY BEACH, FL 33445	CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTWINICK, ROBERT	NAME	
STREET ADDRESS	5687 VINTAGE OAKS CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33484	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: *Richard Frisinga* DATE 3/15/06

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