2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000003402

1. Entity Name
WINNERS CIRCLE, LLC

Principal Place of Business	Mailing Address
16416 WINDSOR PARK DR. LUTZ, FL 33549	16416 WINDSOR PARK DR. LUTZ, FL 33549

DO NOT WRITE IN THIS SPACE

07042004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
03-0409446	Not Applicable

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

6. Name and Address of Current Registered Agent

GANS, RICHARD R ESQ.
1515 RINGLING BLVD., STE. 1000
SARASOTA, FL 34236

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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_____
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 September 8, 2004

9.   MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	BARR, K. JOHN
STREET ADDRESS	16416 WINDSOR PARK DR.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
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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: _K. JOHN BARR_   _7/9/04_   _813-949-8640_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #