


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90140 009 \*\*\*\*50.00

<b>DOCUMENT # L02000013256</b>		
1. Entity Name THIRD WIN, LLC		

Principal Place of Business 150 SE 2ND AVENUE, SUITE 900 MIAMI, FL 33131	Mailing Address 150 SE 2ND AVENUE, SUITE 900 MIAMI, FL 33131
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**24063992**



2. Principal Place of Business 150 SE 2ND AVENUE		3. Mailing Address 150 SE 2ND AVENUE	
Suite, Apt. #, etc. SUITE 902		Suite, Apt. #, etc. SUITE 902	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33131	Country	Zip 33131	Country

04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
37-1469056

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  SEATON, DOUGLAS M 150 SE 2ND AVENUE, SUITE 900 MIAMI, FL 33131
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7. Name and Address of New Registered Agent	
Name DOUGLAS M. SEATON	
Street Address (P.O. Box Number is Not Acceptable) 150 SE 2ND AVE,	
SUITE 902	
City MIAMI	FL Zip Code 33131

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 D. Seaton (NOTE: Registered Agent signature required when reinstating) DATE 4/29/04

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNOX, GEORGE F 150 SE 2ND AVE STE 900 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SEATON, DOUGLAS M 150 SE 2ND AVE STE 900 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GEORGE F. KNOX 150 SE 2ND AVE, SUITE 902 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DOUGLAS M. SEATON 150 SE 2ND AVENUE, SUITE 902 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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 [Signature] DATE 04/29/04

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