


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000013256 1. Entity Name THIRD WIN, LLC	
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Principal Place of Business

**150 SE 2ND AVENUE
SUITE 902
MIAMI, FL 33131**

Mailing Address

**150 SE 2ND AVENUE
SUITE 902
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



04282006No Chg-LLC

CR2E083 (11/05)

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
STE 902
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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 registering)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	KNOX, GEORGE F
STREET ADDRESS	150 SE 2ND AVENUE STE 902
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SV
NAME	SEATON, DOUGLAS M
STREET ADDRESS	150 SE 2ND AVENUE STE 902
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/12/06-80028-021 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, Florida Statutes

SIGNATURE:

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

4/28/06

Date

305 577-3775

Daytime Phone #