


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90046 022 \*\*\*\*50.00

<b>DOCUMENT # L02000025238</b> 1. Entity Name <b>WIN &amp; PLACE STABLE I, 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</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>365 Hamlet Drive</b>		Suite, Apt. #, etc. <b>365 Hamlet Drive</b>			
City & State <b>Delray Beach, FL</b>		City & State <b>Delray Beach, FL</b>			
Zip <b>33445</b>		Country <b>USA</b>		Zip <b>33445</b>	
Country <b>USA</b>		Country <b>USA</b>			
4. FEI Number <b>68-0522133</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>FRISINA, RICHARD 400 S. OCEAN BLVD., R-26 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>Frisinga, Richard</b> Street Address (P.O. Box Number is Not Acceptable) <b>365 Hamlet Drive</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33445</b>		
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 <u><i>Richard Frisinga</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/20/05</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FRISINA, RICHARD 400 S. OCEAN BLVD., R-26 BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Frisinga, Richard 365 Hamlet Drive Delray Beach, FL 33445</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u><i>Richard Frisinga</i></u> DATE <u>2/20/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					