

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L02000025995**

1. Entity Name  
**WINBROOK, L.L.C.**



**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**1802 SOUTH FISKE BLVD., STE. 101  
ROCKLEDGE, FL 32955**

Mailing Address  
**1802 SOUTH FISKE BLVD., STE. 101  
ROCKLEDGE, FL 32955**



02032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**41-2059679**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**CHAFFIOT, VICTOR A  
1802 SOUTH FISKE BLVD., STE. 101  
ROCKLEDGE, FL 32955**

**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 reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAFFIOT, ROBERT R 1802 SOUTH FISKE BLVD., STE. 101 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAFFIOT, ROBEANA 1802 SOUTH FISKE BLVD., STE. 101 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAFFIOT, MARK K 1802 SOUTH FISKE BLVD., STE. 101 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAFFIOT, VICTOR A 1802 SOUTH FISKE BLVD., STE. 101 ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000041002  
02/09/04-80071-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Victor A. Chaffiot*  
**Victor A. Chaffiot**

**2-4-04 321-632-3444**

Date

Daytime Phone #