2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000025995

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

FILED
Mar 15, 2005 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

01262005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2059679
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 May 1, 2005

U000002563947
03/15/05-80007-003 50.00

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

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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: _____ 3-11-05 321-632-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #