

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000025995

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



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

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



01182007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 41-2059679	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2007**

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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 01/29/07-80019-017 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 608, Florida Statutes.

SIGNATURE: *M. Chaffiot* **MANAGING MEMBER** **1-19-07** **321-632-2444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #