


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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
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		
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: <i>[Signature]</i> MANAGING MEMBER 1-19-07 321-632-2444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01182007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 41-2059679	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

U00000603587
01/29/07-80019-017 50.00

**DO NOT WRITE
IN THIS SPACE**