


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90070 019 ****50.00

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|---|---|---|---|---|--|
| DOCUMENT # L02000030814 1. Entity Name WIN & PLACE STAPLE IV, LLC | | | |  | |
| Principal Place of Business 400 S. OCEAN BLVD., R-26 BOCA RATON, FL 33432 | | | Mailing Address 400 S. OCEAN BLVD., R-26 BOCA RATON, FL 33432 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 04-3721421 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent FRISINA, RICHARD 400 S. OCEAN BLVD., R-26 BOCA RATON, FL 33432 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | \$5.00 Additional Fee Required | |
| SIGNATURE <i>[Signature]</i> | | | | DATE 4/23/04 | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM FRISINIA, RICHARDO 400 S OCEAN BLVD R-26 BOCA RATON, FL 33432 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Frisina, Richard 400 S. Ocean Blvd R-26 Boca Raton, FL 33432 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <i>[Signature]</i> RICHARD FRISINA 4/23/04 561-246-4044 | | | | | |