## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 29, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Secretary of Stat	
DOCUMENT # L03000007477				Sec	retary of Stat
ROSS MATZ	Z INVESTMENTS WINST	ON PARK, LLC			
Principal Place of	Business	Mailing Address	<del></del>		
3325 SOUTH UNIVERSITY DRIVE, SUITE 210 DAVIE, FL 33328  3325 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328			E, SUITE 210		
		The second secon			
DO NOT WRITE IN THIS SPACE				04252005 No Chg-LLC	CR2E083 (10/03)
				4. FEI Number	Applied For
	•			20-0054227  5. Certificate of Status Desired	Not Applicable
<del>-</del>	5. Name and Address of Current R	legistered Agent		3. Caraneate of Clares Desired	Fee Required
				and the second s	
ROSS, BARRY 3325 SOUTH UNIVERSITY DRIVE, SUITE 210			}	DO NOT WRITE	
DAVIE, FL 33	3328		·	_IN THIS SPA	ACE
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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.					
the obligations	of registered agent.	•			
SIGNATURE	alture, typed or printed name of registered agent ar	no little if applicable. (NOTE: Registere	d Agent signature required	when reinstaling)	DATE
Filing Due i	g Fee is \$50.00 by May 1, 2005				
9.	MANAGING MEMBER	RS/MANAGERS		The state of the s	
	GR	· · · · · · · · · · · · · · · · · ·			TO THE SECTION OF THE PROPERTY
	OSS, BARRY 125 S. UNIVERSITY DRIVE, 210	)		Hacasa	
	AVIE, FL 33328				ฮศฮฮธเ 80118-005 50.00
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	ATZ, WILLIAM D 125 S. UNIVERSITY DRIVE, 210	1	1		
	AVIE, FL 33328				
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NAME STREET ADDRESS			[	DO NOT WE	
CITY-ST-ZIP				DO NOT WE	
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CITY-ST-ZIP			}		
TITLE					

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 cycle regelver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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