
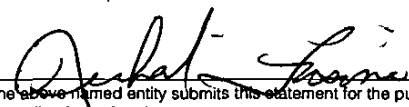



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90595 013 ****50.00

DOCUMENT # L03000010585 1. Entity Name WIN & PLACE STABLE V, 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. 365 Hamlet Drive City & State Delray Beach, FL Zip 33445 Country USA			3. Mailing Address Suite, Apt. #, etc. 365 Hamlet Drive City & State Delray Beach, FL Zip 33445 Country USA		
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 Frisina, Richard Street Address (P.O. Box Number is Not Acceptable) 365 Hamlet Drive City Delray Beach State FL Zip 33445		
4. FEI Number 81-0596089					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRISINA, RICHARD 400 S. OCEAN BLVD., R-26 BOCA RATON, FL 33432	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Frisina, Richard 365 Hamlet Drive Delray Beach, FL 33445
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date: 2/26/05 Daytime Phone #					

20020454



02092005 Chg-LLC CR2E083 (10/03)