

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-14-2005 90595 047 \*\*\*\*50.00

20020455



<b>DOCUMENT # L03000010588</b> 1. Entity Name <b>WIN &amp; PLACE STABLE VI, LLC</b>					
Principal Place of Business <b>400 S OCEAN BLVD., R-26 BOCA RATON, FL 33432</b>			Mailing Address <b>400 S OCEAN BLVD., R-26 BOCA RATON, FL 33432</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>365 Hamlet Drive</b> City & State <b>Delray Beach, FL</b> Zip <b>33445</b>		3. Mailing Address Suite, Apt. #, etc. <b>365 Hamlet Drive</b> City & State <b>Delray Beach, FL</b> Zip <b>33445</b>		02092005    Chg-LLC    CR2E083 (10/03)	
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>81-0596091</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FRISINA, RICHARD 400 S OCEAN BLVD., R-26 BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>Frisinga, Richard</b> Street Address (P.O. Box Number is Not Acceptable) <b>365 Hamlet Drive</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33445</b>		
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 <u><i>Richard Frisinga</i></u> (NOTE: Registered Agent signature required when reinstating)    DATE <u>2/24/05</u>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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 Frisinga, 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: <u><i>Richard Frisinga</i></u> Date <u>2/24/05</u> Daytime Phone # _____					