


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90022 022 \*\*\*\*50.00

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # L03000010588</b>  |   |  |  |                       |  |
| <b>1. Entity Name</b><br>WIN & PLACE STABLE VI, LLC   |   |  |  |  |  |
| <b>Principal Place of Business</b><br>365 HAMLET DRIVE<br>DELRAY BEACH, FL 33445 US   |   |  | <b>Mailing Address</b><br>365 HAMLET DRIVE<br>DELRAY BEACH, FL 33445 US  |  |  |
| <b>2. Principal Place of Business</b>   |   | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt. #, etc.<br>10820 Queenferry Circle  |   | Suite, Apt. #, etc.<br>10820 Queenferry Circle                               |  | 03012006 Chg-LLC CR2E083 (11/05)   |  |
| City & State<br>Boca Raton, FL  |   | City & State<br>Boca Raton, FL   |  | <b>4. FEI Number</b><br>81-0596091   |  |
| Zip<br>33496  |   | Country<br>USA   |  | Applied For<br>Not Applicable  |  |
| Zip<br>33496  |   | Country<br>USA   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>FRISINA, RICHARD<br>365 HAMLET DRIVE<br>DELRAY BEACH, FL 33445  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Frisina, Richard<br>Street Address (P.O. Box Number is Not Acceptable)<br>10820 Queenferry Circle<br>City<br>Boca Raton FL Zip Code<br>33496 |  |  |
| <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.</b><br>SIGNATURE <u>Richard Frisina</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>3/5/06</u>  |   |  |  |  |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2006</b>   |   | <b>Make check payable to Florida Department of State</b>                     |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>FRISINA, RICHARD<br>365 HAMLET DRIVE<br>DELRAY BEACH, FL 33445      | <input type="checkbox"/> Delete  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>Frisina, Richard<br>10820 Queenferry Circle<br>Boca Raton, FL 33496 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |  |
| <b>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.</b> |   |  |  |  |  |
| <b>SIGNATURE:</b> <u>Richard Frisina</u> <u>3/5/06</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |   |  |  |  |  |