## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000010589  1. Entity Name WIN & PLACE STABLE VII, LLC						03-15-2006	5 90021 023 ****5	0.00
Principal Place of Business 365 HAMLET DRIVE DELRAY BEACH, FL 33445		Mailing Address 365 HAMLET DRIVE DELRAY BEACH, FL 33445			£ 100(10)( ()	( 18(8) (4)) <b>28</b> (1) 8 <b>3</b> (1) 88	III 82184 HBM 83184 BHB 1818 B	<b>83</b> 1     1881
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.  (880) Over Ferry Circle  City & State		Suite, Apt. #, etc.  (880 Overforg Circle  City & State		2	03012006 4. FEI Numb		CR2E083 (11/05)	plied For
Zip Country 33496 USA		Back Ratan, t-L Zip Country 33496 USA			<b>81-059 5.</b> Certificate	of Status Desired	\$5.00 Add	
-0.14	6. Name and Address of Current F				7. Name and	d Address of New F	Registered Agent	
FRISINA, RICHARD 365 HAMLET DRIVE DELRAY BEACH, FL 33445				Name +(1) \( \O \), \( \O				
			City P	Pora F	30400		FL Zip Code	والأو
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 .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE: Ri	egistered Agent signa	ture required	when reinstating)	<u></u>	DATE	
	iling Fee is \$50.00 ue by May 1, 2006						te check payable to a Department of State	•
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRISINA, RICHARD 365 HAMLET DRIVE DELRAY BEACH, FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[@89j	ina Art	nord Herry Circl LFC 33486	_X Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
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.								