## 2007 LIMITED LIABILITY COMPAÑY

## **FILED ANNUAL REPORT** Feb 28, 2007 08:00 AM **Secretary of State** DOCUMENT # L03000010589 1. Entity Name WIN & PLACE STABLE VII, LLC Principal Place of Business Mailing Address 6820 QUEENFERRY CIRCLE **6820 QUEENFERRY CIRCLE** BOCA RATON, FL 33496 BOCA RATON, FL 33496 02172007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number Not Applicable 81-0596093 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRISINA, RICHARD DO NOT WRITE 6820 QUEENFERRY CIRCLE BOCA RATON, FL 33486 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 03/12/07-80009-014 50.00 MGRM TITLE NAME FRISINA, RICHARD 6820 QUEENFERRY DR STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33486 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE

IN THIS SPACE

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 propowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

> SIGNATURE AND COPED OF INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #