-2908 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000015563

1. Entity Name

WINKLER INVESTMENTS, L.L.C.



Principal Place of Business

2640 GOLDEN GATE PARKWAY, SUITE 102 NAPLES, FL 34105 Mailing Address

2640 GOLDEN GATE PARKWAY, SUITE 102 NAPLES, FL 34105 FILED Aug 06, 2008 08:00 AM Secretary of State



01302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number Applied For NOT APPLICABLE Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bot	n, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signalure: typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE	
	NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURRAY, THOMAS D 2640 GOLDEN GATE PKWY #102 NAPLES, FL 34105		000000957203 08/06/08-80004-006 558.75	
TITLE 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 eath; that I am a managing member or manager of the limited liability company or the receiver of trustee employered to effect the trustee entry to exempt the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver of trustee employered to effect the trustee entry to exempt the exemptions contained in Chapter 119, Florida Statutes.

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TITLE NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS CITY-ST-ZIP

CITY+ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

8/1/08

239-434676

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