


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90021 023 \*\*\*\*50.00

<b>DOCUMENT # L03000016448</b> 1. Entity Name <b>WINHOLDINGS LLC</b>	
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Principal Place of Business <b>4014 GUNN HWY SUITE 120 TAMPA, FL 33618 US</b>	Mailing Address <b>4014 GUNN HWY SUITE 120 TAMPA, FL 33618 US</b>
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**DO NOT WRITE IN THIS SPACE**



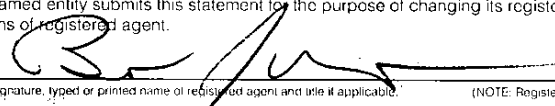
4. FEI Number <b>14-1883337</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**WINHOLTZ, BRET J  
4014 GUNN HIGHWAY, SUITE 120  
TAMPA, FL ~~33614~~ 33618**

**DO NOT WRITE  
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 **1-4-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

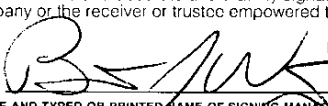
**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINHOLTZ, BRET J 4014 GUNN HIGHWAY SUITE 120 TAMPA, FL 33618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINHOLTZ, PAMELA J 4014 GUNN HIGHWAY SUITE 120 TAMPA, FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **BRET J WINHOLTZ**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **1-4-05** Daytime Phone # **813 264 1175**