FILED May 10, 2004 8:00 am Secretary of State 05-10-2004 90014 021 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT		May 10, 2 Secretar
DOCUMENT # L03000020583 1. Entity Name		05-10-2004 900
THE WINTHROP MANAGEMENT GROUP, LLC		

Victory Control Principal Place of Business Mailing Address 3800 S. OCEAN DRIVE 3800 S. OCEAN DRIVE 24070008 **SUITE 219 SUITE 219** HOLLYWOOD, FL 33019 US HOLLYWOOD, FL 33019 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05062004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Nu Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Bennired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **ENGEL, SYDELLE** Street Address (P.O. Box Number is Not Acceptable) 1880 SOUTH OCEAN DRIVE 606W HALLANDALE, FL 33009 City Zip Code 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 re agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS / MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete FITLE ☐ Change *** ☐ Addition NAME ENGEL, SYDELLE NAME 1880 SOUTH OCEAN DRIVE, 606W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP MCRM TITLE Delete ☐ Change ■ Addition TITLE MARCH, RUSSELL E NAME NAME 13747 BLUFF VILLAS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN ANTONIO, TX 78216 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITS F Addition TSD F Change 7 NAME NAME STREET ADDRESS STREET ADDRESS bill his factorium, cas ond o CITY-ST-ZIP CITY-ST-ZIP VINE ROBERTO POSSIBLE DE 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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0/(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 immitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SEALURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylong Prone #