


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90014 021 ****50.00

DOCUMENT # L03000020583 1. Entity Name THE WINTHROP MANAGEMENT GROUP, LLC					
Principal Place of Business 3800 S. OCEAN DRIVE SUITE 219 HOLLYWOOD, FL 33019 US			Mailing Address 3800 S. OCEAN DRIVE SUITE 219 HOLLYWOOD, FL 33019 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ENGEL, SYDELLE 1880 SOUTH OCEAN DRIVE 606W HALLANDALE, FL 33009			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENGEL, SYDELLE 1880 SOUTH OCEAN DRIVE, 606W HALLANDALE, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCH, RUSSELL E 13747 BLUFF VILLAS COURT SAN ANTONIO, TX 78216	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.			5-1-04 9544583886		
SIGNATURE: <i>Sydelle Engel</i>			Date		

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05062004 Chg-LLC CR2E083 (10/03)

4. FEI Nur **13-4253864** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required