## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 30, 2008 8:00 am Secretary of State **DOCUMENT # L03000028465** 04-30-2008 90042 046 \*\*\*138.75 1. Entity Name WINLETT, LLC Principal Place of Business Mailing Address 60034955 5405 SW 87TH AVENUE 5405 SW 87TH AVENUE MIAMI, FL 33165 MIAMI, FL 33165 CR2E083 (12/07) 04212008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 55-0863604 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABRAHAM, JAMES DO NOT WRITE 5405 SW 87TH AVENUE MIAMI, FL 33165 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. TITLE ABRAHAM, JAMES NAME 5405 SW 87TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 poceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND T

CITY-ST-ZIP

FILED