

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000035150

1. Entity Name
WINKLER HOLDINGS III, LLC



Principal Place of Business

**3001 W. HALLANDALE BEACH BLVD. SUITE 300
PEMBROKE PARK, FL 33009**

Mailing Address

**3001 W. HALLANDALE BEACH BLVD. SUITE 300
PEMBROKE PARK, FL 33009**



04142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0076603

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, HANK
3001 W. HALLANDALE BEACH BLVD. SUITE 300
PEMBROKE PARK, FL 33009**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000322212
04/22/05-80004-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	THOMAS, HANK
STREET ADDRESS	22150 SWEETWATER LANE SOUTH
CITY - ST - ZIP	BOCA RATON, FL 33428
TITLE	MGR
NAME	JAZAYRI, SAM
STREET ADDRESS	3001 W. HALLANDALE BEACH BLVD. SUITE 300
CITY - ST - ZIP	PEMBROKE PARK, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

4/15/05 (954) 418-1154