


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90056 046 ****50.00

DOCUMENT # L04000029079 1. Entity Name WINMAX REALTY, LLC	
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Principal Place of Business 2999 N.E. 191 STREET STE. 900 AVENTURA, FL 33180	Mailing Address 2999 N.E. 191 STREET STE. 900 AVENTURA, FL 33180
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DO NOT WRITE IN THIS SPACE



03032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1023881	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHIFFMAN, ADAM R ESQ
2999 N.E. 191 STREET STE. 900
AVENTURA, FL 33180**

**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.

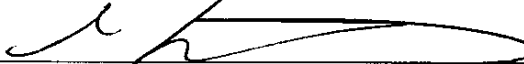
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAXIMOV, BENJAMIN 2999 N.E. 191 STREET STE. 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINRAUKE, YOSSEF 2999 N.E. 191 STREET STE. 900 AVENTURA, FL 33180
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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 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **3-9-06 7182759555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #