2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 13, 2007 08:00 AM Secretary of State

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1. Entity Name WINMAX REALTY, LLC



Principal Place of Business

Mailing Address

2999 N.E. 191 STREET STE. 900 AVENTURA, FL 33180

2999 N.E. 191 STREET STE. 900 AVENTURA, FL 33180



DO NOT WRITE IN THIS SPACE

01252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1023881

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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 The above named entity submits this statement for the purpose of chathe obligations of registered agent. 	ingling its registered office or registered agent, or both, in the St	ate of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and talle it approable	(NOTE: Registered Agent organiture required whom reinstating)	DATE
Filing Fee is \$50.00		·

Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAXIMOV, BENJAMIN 2999 N.E. 191 STREET STE. 900 AVENTURA, FL 33180
NAME STREET ADDRESS CITY-ST-ZIP	MGR WINRAUKE, YOSSEF 2999 N.E. 191 STREET STE. 900 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY+ST-ZIP	·
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET AODRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED-Managing Member

Daytime Phone #