


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90027 014 \*\*\*\*50.00

<b>DOCUMENT # L04000052465</b> 1. Entity Name <b>THE WIN/WIN CONNECTION, LLC</b>					
Principal Place of Business <b>12633 WESTFIELD LAKES CIRCLE WINTER GARDEN, FL 34787</b>			Mailing Address <b>12633 WESTFIELD LAKES CIRCLE WINTER GARDEN, FL 34787</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04112005 Chg-LLC CR2E083 (10/03)	
4. FEI Number <b>20-1375903</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				30005731	
6. Name and Address of Current Registered Agent  <b>CORPORATE LAW COUNSELORS, PL 5182 ISLEWORTH C.C. DRIVE WINDERMERE, FL 34786</b>				7. Name and Address of New Registered Agent Name <b>Bassel Maali</b> Street Address (P.O. Box Number is Not Acceptable) <b>582 West Sand Lake Road</b> City <b>Orlando</b> FL Zip Code <b>32819</b>	
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 <u><i>Bassel Maali</i></u> <b>Bassel Maali</b> <u>4/11/05</u> DATE					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State		30005731	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAALI, BASSEL J 12633 WESTFIELD LAKES CIRCLE WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>Bassel Maali</i></u> <b>Bassel Maali</b> <u>4/11/05</u> <b>407-345-9200</b>					