


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90094 009 ****50.00

DOCUMENT # L04000075183 1. Entity Name WILLOWIN, LLC	
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Principal Place of Business 201 S. BISCAYNE BLVD. SUITE 1500 (LAD) MIAMI, FL 33131	Mailing Address 201 S. BISCAYNE BLVD. SUITE 1500 (LAD) MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



01092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD. SUITE 1500 (LAD) MIAMI, FL 33131

**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.

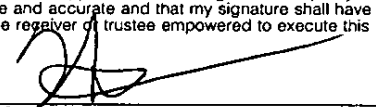
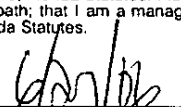
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRITCHETT, WES 250 BUTTONWOOD LANE KEY BISCAYNE, FL 33149 <div>W. Pritchett 259 Buttonwood Dr Key Biscayne, FL 33149 <i>Drive</i></div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #