

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000075183

1. Entity Name
WILLOWIN, LLC



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



07122007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____

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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR PRITCHETT, WES 259 BUTTONWOOD DR. KEY BISCAYNE, FL 33149 |
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07/31/07-80005-014 50.00

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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 #