


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000013501 1. Entity Name WINNING INVESTMENTS, LLC |  |
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| Principal Place of Business 2699 STIRLING ROAD STE C-307 FORT LAUDERDALE, FL 33312 | Mailing Address 2699 STIRLING ROAD STE C-307 FORT LAUDERDALE, FL 33312 |
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01062007 No Chg-LLC CR2E083 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 20-2308958 | 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

ELKIN, STEVEN C ESQ
 FRANK, WEINBERG & BLACK, P.L.
 7805 S.W. 6TH COURT
 PLANTATION, FL 33324

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

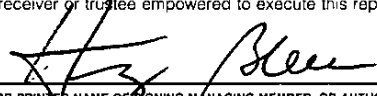
Filing Fee is \$50.00
Due by May 1, 2007

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRP BLEIER, HENRY 2699 STIRLING RD SUITE C-307 FORT LAUDERDALE, FL 33312 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP STREINER, SAMUEL&RITA 8932 NW 34TH ST COOPER CITY, FL 33024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GOODMAN, RANDOLPH 3200 PORT ROYALE DR APT 1608 FORT LAUDERDALE, FL 33308 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/10/07-80078-018 50.00

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:  Date: 1/8/07 Daytime Phone #: 984-963-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE