


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90080 050 \*\*\*138.75

<b>DOCUMENT # L05000013501</b>		
1. Entity Name <b>WINNING INVESTMENTS, LLC</b>		
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
2. Principal Place of Business - No P.O. Box # <b>1776 N. Pine Is Rd</b>		3. Mailing Address <b>1776 N. Pine Is Rd</b>
Suite, Apt. #, etc. <b>118</b>		Suite, Apt. #, etc. <b>118</b>
City & State <b>PLANTATION FL</b>		City & State <b>PLANTATION, FL</b>
Zip <b>33322</b>	Country <b>USA</b>	Zip <b>33322</b>
Country <b>USA</b>		Country <b>USA</b>
6. Name and Address of Current Registered Agent <b>ELKIN, STEVEN C ESQ FRANK WEINBERG &amp; BLACK, P.L. 7805 S.W. 6TH COURT PLANTATION, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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 site if applicable (NOTE: Registered Agent signature required when reinstating)		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES
TITLE <b>MGRP.</b>	<input type="checkbox"/> Delete	TITLE <b>MGRP</b>
NAME <b>BLEIER, HENRY</b>		NAME <b>BLEIER, HENRY</b>
STREET ADDRESS <b>2699 STIRLING RD SUITE C-307</b>		STREET ADDRESS <b>1776 N. Pine ISLAND Rd 118</b>
CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33312</b>		CITY-ST-ZIP <b>PLANTATION, FL 33322</b>
TITLE <b>VP</b>	<input type="checkbox"/> Delete	TITLE
NAME <b>STREINER, SAMUEL &amp; RITA</b>		NAME
STREET ADDRESS <b>8932 NW 34TH ST</b>		STREET ADDRESS
CITY-ST-ZIP <b>COOPER CITY, FL 33024</b>		CITY-ST-ZIP
TITLE <b>S</b>	<input type="checkbox"/> Delete	TITLE <b>S</b>
NAME <b>GOODMAN, RANDOLPH</b>		NAME <b>GOODMAN, RANDOLPH</b>
STREET ADDRESS <b>3200 PORT ROYALE DR APT 1608</b>		STREET ADDRESS <b>7461 NW 29th ST</b>
CITY-ST-ZIP <b>FORT LAUDERDALE, FL 33308</b>		CITY-ST-ZIP <b>Plantation, FL 33063</b>
TITLE	<input type="checkbox"/> Delete	TITLE <b>DR. RICH. RICHARD PARTNER - Title</b>
NAME		NAME
STREET ADDRESS		STREET ADDRESS <b>633 S. Federal Hwy</b>
CITY-ST-ZIP		CITY-ST-ZIP <b>FT LAUDERDALE, FL 33301</b>
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
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: <u><i>Henry Bleier, Member</i></u>		Date: <u><i>3/14/08</i></u> Daytime Phone #: <u><i>954963-1444</i></u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		

30000000



01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-2308958** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required