2008 LIMITED LIABILITY COMPANY

Jan 22, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L07000039819 WIN-WIN PROPERTIES LLC Principal Place of Business Mailing Address 1181 S. SUMPTER BLVD. SUITE 301 1181 S. SUMPTER BLVD. SUITE 301 **UUUU™'~**~ NORTH PORT, FL 34287 NORTH PORT, FL 34287 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-8892 332 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DACOSTA, PAUL J Street Address (P.O. Box Number is Not Acceptable) 1181 S. SUMPTER BLVD. SUITE 301 NORTH PORT, FL 34287 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 FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Change ☐ Addition BUNTING, FREDERICK L NAME NAME STREET ADDRESS 1704 LASTINGHAM LN STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE, FL 33980 CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition FORSBERG, PAUL B 24160 TREASURE ISLAND BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PUNTA GORDA, FL 33955 CITY-ST-ZIP MGRM ☐ Delete ☐ Change ☐ Addition DACOSTA, PAUL J NAME NAME 1903 BUSHNELL AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PORT, FL 34286 CITY-ST-ZIP ☐ Change DILE TITLE Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Change | ☐ Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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: MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone # R.PRINTED N