2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2008 8:00 am Secretary of State **DOCUMENT # L07000066924** 04-24-2008 90021 022 ***138.75 WINTER ADVISORY LLC Principal Place of Business Mailing Address 701 BRICKELL AVE STE 3000 CALL AQUILINO DE LA GUARDIA NO 8 60028205 **1GRA BUILDING 2ND FLOOR** MIAMI, FL 33131 PANAMA REPUBLIC OF PANAMA, 00 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 03202008 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$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 Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 3 2 3 TITLE MGR Delete TITLE Change ■ Addition RUIZ, EZEQUIEL : NAME NAME STREET ADDRESS CALL AQUILINO DE LA GUARDIA NO 8 STREET ADDRESS PANAMA REPUBLIC OF PANAMA, CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME 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

11. Thereby 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.

Ezequiel Ruiz

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 23, 2008

Daytime Phone #