

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90009 029 ****50.00

DOCUMENT # L99000003365

1. Entity Name
WINKLER AVENUE, L.L.C.



Principal Place of Business

**13524 ROSEWOOD LN
NAPLES FL 34119**

Mailing Address

**P.O. BOX 110448
NAPLES FL 34108**

2. Principal Place of Business

13524 ROSEWOOD LN.

3. Mailing Address

P.O. BOX 110448

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES, FL.

City & State

NAPLES, FL.

Zip

34119

Country

USA

Zip

34108

Country

USA

4. FEI Number **65-1027518**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**FAGA, ANTONIO ESQ.
375 12TH AVENUE S.
NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name **ERIC FEINSTEIN**
Street Address (P.O. Box Number is Not Acceptable) **13524 ROSEWOOD LN.**
City **NAPLES, FL** Zip Code **34119**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **FEINSTEIN, ERIC**
STREET ADDRESS **13524 ROSEWOOD LN**
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-26-03 (239) 596-3440

CR2E083 (10/02)