


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000002543 1. Entity Name WINNCOMPANIES LLC	
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Principal Place of Business SIX FANEUIL HALL MARKETPLACE BOSTON, MA 02109	Mailing Address SIX FANEUIL HALL MARKETPLACE BOSTON, MA 02109
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04202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3578144	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

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.

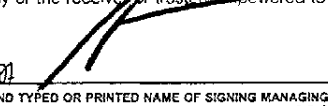
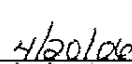
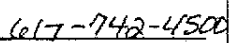
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR ROSS, SAMUEL SIX FANEUIL HALL MARKETPLACE BOSTON, MA
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR CURTIS, LAWRENCE H SIX FANEUIL HALL MARKETPLACE BOSTON, MA
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR PUTZIGER, MICHAEL T SIX FANEUIL HALL MARKETPLACE BOSTON, MA 02109
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

<p>000000546758 05/11/06-80129-005 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Samuel Ross, Manager	 <small>Date</small>	 <small>Daytime Phone #</small>
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