

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90013 033 ****50.00

DOCUMENT # M02000002469

1. Entity Name

WINSTON THREE, LLC



Principal Place of Business

388 VANDERBILT ROAD
ASHEVILLE NC 28803

Mailing Address

388 VANDERBILT ROAD
ASHEVILLE NC 28803



2. Principal Place of Business

14 McDOWELL ST

Suite, Apt. #, etc.

ASHEVILLE NC

City & State

3. Mailing Address

Suite, Apt. #, etc.

14 McDOWELL ST

City & State

ASHEVILLE NC

1st MOORE

CR2E083 (10/04)

4. FEI Number

56-2171355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEVEN D. BELL & COMPANY
C/O LE CLUB AT SAGA BAY
8630 S.W. 212 STREET
MIAMI FL 33189

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ELLISTON, W. LEON
STREET ADDRESS 388 VANDERBILT ROAD
CITY-ST-ZIP ASHEVILLE NC 28803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME Address
STREET ADDRESS 14 McDOWELL ST
CITY-ST-ZIP ASHEVILLE, NC 28801

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
NAME
STREET ADDRESS
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:

W. Leon Elliston

W. LEON ELLISTON MANAGING MEMBER

7/20/05

828-253-3382

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

Date

Daytime Phone #