

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # M02000002469

1. Entity Name
WINSTON THREE, LLC



Principal Place of Business
**14 MCDOWELL STREET
ASHEVILLE, NC 28801**

Mailing Address
**14 MCDOWELL STREET
ASHEVILLE, NC 28801**



01042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ELLISTON, W. LEON 14 MCDONELL STREET ASHEVILLE, NC 28801 |
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01/10/07-80009-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

W. Leon Elliston

W. LEON ELLISTON mgr mgr

1/4/07

828-253-3392

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

Date

Daytime Phone #