


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90155 043 ***138.75

DOCUMENT # M07000000337	
1. Entity Name MANAGEMENT BY WINSTON, LLC	

Principal Place of Business 1666 KENNEDY CAUSEWAY STE 305 NORTH BAY VILLAGE, FL 33141	Mailing Address 1400 NE MIAMI GARDENS DRIVE SUITE 200 MIAMI, FL 33179
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50004608



2. Principal Place of Business - No P.O. Box # 1400 NE MIAMI GARDENS DR	3. Mailing Address
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc.
City & State MIAMI FL	City & State
Zip 33179	Country USA

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8056639	Applied For <input type="checkbox"/> 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 SYKES, G HARLEY 1666 KENNEDY CAUSEWAY STE 305 NORTH BAY VILLAGE, FL 33141 1400 NE MIAMI GARDENS DRIVE Suite 200 MIAMI, FL 33179

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELKINS, SHIRLENE 1666 KENNEDY CAUSEWAY STE 305 NORTH BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SYKES, G HARLEY 1666 KENNEDY CAUSEWAY STE 305 NORTH BAY VILLAGE, FL 33141 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1400 NE MIAMI GARDENS DR Suite 200 MIAMI, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1400 NE MIAMI GARDENS DR. Suite 200 MIAMI, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: G. HARLEY SYKES **4/14/08** **305-948-1200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #