


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**

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

Zip

Country

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8056639

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent **7. Name and Address of New 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**

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

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