2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9800000396

1. Entity Name

WINADU OPERATING CO., LLC



Principal Place of Business

C/O SHELLEY & ARLEEN WEINER 21495 BURNSIDE COURT

Mailing Address

C/O SHELLEY & ARLEEN WEINER 21495 BURNSIDE COURT

Principal Place of Business		3. Mailing Address			11661	18 31 (3 8 1818) (18 14) 18 41) 18 41) 18 41) 18 41	I Br ini Bridi (Mi d 34	10 0 1 00 1 0 1	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		·	1	CHECK HERE IF MAKI	NG CHANGES		
City & Stat	e	City & State			4. FEI Num	nber 13-4000240	<u> </u>	oplied For ot Applicable	
Zip •	Country	Zip ·	Coun	itry	5. Certifica	ate of Status Desired	\$5.00 Add Fee Require		
	6. Name and Address of Current	t Registered Agent			7. Name a	nd Address of New Registere	d Agent		
.:				Name	• •		•		
	I SERVICES, INC.	ماند کار از این از این از این ا		Street Address (P.O.:Box:Number is Not Acceptable)					
	EAST PARK AVENUE			Chook regions (c.O., Don't turnobilist recorded in the second of the sec					
IALI	AHASSEE FL 32301	•							
			·				Zip Cod	е	
8. The above	named entity submits this statement for	or the purpose of changing it	ts registere	L ed office or regist	ered agent, or h	ooth, in the State of Florida. La	m familiar with.	and accept	
	ions of registered agent.								
SIGNATURE .					•				
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NC	TE: Registere	d Agent signature requir	red when reinstating)	DATI	Ē.		
		FILE	lOW!!! f	FEE IS \$50.00)				
		Make Check Payal		· —			;-	• . •.	
				ay 1, 2003				. •	
9.	MANAGING MEMB		10.			ADDITIONS/CHANG			
DILE	MGRM	Delete	TITLE	=		ADDITIONS/CHANG	Change:	Addition	
NAME	CAMPGROUP, LLC	□ Delete	NAMI				Change	L_ Addition	
STREET ADDRESS	3 NEW KING STREET			ET ADDRESS					
CITY-ST-ZIP	WHITE PLAINS NY 10604		CITY	-ST-ZIP					
TITLE	WINIE / CANONI TOO	☐ Delete	TITLE				Change	☐ Addition	
NAME			NAMI						
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NAME			NAME	:					
STREET ADDRESS			STREE	ET ADDRESS					

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 of trustee employered to execute this report as required by Chapter 608, Florida Statutes.

FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90096 039 ****50.00

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Date

Daytime Phone #