


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90053 038 \*\*\*\*50.00

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # L03000003125</b>  |         |  |         |
| 1. Entity Name<br><b>WINDVEST, LLC</b>  |         |   |         |
| Principal Place of Business<br><b>137 WINDWARD ISLAND<br/>CLEARWATER FL 33767</b> |         | Mailing Address<br><b>137 WINDWARD ISLAND<br/>CLEARWATER FL 33767</b>             |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |



1st MOORE CR2E083 (10/05)

|   |  |  |             |
|---|--|--|-------------|
| 4. FEI Number<br><b>65-1169552</b>                                    |  | Applied For<br><input type="checkbox"/> Not Applicable |             |
| 5. Certificate of Status Desired <input type="checkbox"/>             |  | <b>\$5.00</b> Additional Fee Required                  |             |
| <b>6. Name and Address of Current Registered Agent</b>                |  | <b>7. Name and Address of New Registered Agent</b>     |             |
| <b>NADER, DAVID A<br/>137 WINDWARD ISLAND<br/>CLEARWATER FL 33767</b> |  | 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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS |                                      |  | 10. ADDITIONS/CHANGES |  |  |
|------------------------------|--------------------------------------|--|-----------------------|--|--|
| TITLE                        | MGRM <input type="checkbox"/> Delete |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                         | NADER, DAVID A                       |  | NAME                  |  |  |
| STREET ADDRESS               | 137 WINDWARD ISLAND                  |  | STREET ADDRESS        |  |  |
| CITY-ST-ZIP                  | CLEARWATER BEACH FL 33767            |  | CITY-ST-ZIP           |  |  |
| TITLE                        | MGRM <input type="checkbox"/> Delete |  | TITLE                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                         | HORNE, THOMAS CHAD                   |  | NAME                  | Horne, Thomas Chad   |  |
| STREET ADDRESS               | P.O. BOX 1034                        |  | STREET ADDRESS        | 289 Bayside Drive  |  |
| CITY-ST-ZIP                  | CRYSTAL BEACH FL 34681               |  | CITY-ST-ZIP           | Clearwater FL 33767  |  |
| TITLE                        | <input type="checkbox"/> Delete      |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                         |                                      |  | NAME                  |  |  |
| STREET ADDRESS               |                                      |  | STREET ADDRESS        |  |  |
| CITY-ST-ZIP                  |                                      |  | CITY-ST-ZIP           |  |  |
| TITLE                        | <input type="checkbox"/> Delete      |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                         |                                      |  | NAME                  |  |  |
| STREET ADDRESS               |                                      |  | STREET ADDRESS        |  |  |
| CITY-ST-ZIP                  |                                      |  | CITY-ST-ZIP           |  |  |
| TITLE                        | <input type="checkbox"/> Delete      |  | TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                         |                                      |  | NAME                  |  |  |
| STREET ADDRESS               |                                      |  | STREET ADDRESS        |  |  |
| CITY-ST-ZIP                  |                                      |  | CITY-ST-ZIP           |  |  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE: 3/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #