2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000003125

1. Entity Name
WINDVEST, LLC

Principal Place of Business	Mailing Address
61 WINDWARD ISLAND CLEARWATER, FL 33767	61 WINDWARD ISLAND CLEARWATER, FL 33767

DO NOT WRITE IN THIS SPACE

01102008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
65-1169552	Not Applicable

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

6. Name and Address of Current Registered Agent

NADER, DAVID A
137 WINDWARD ISLAND
CLEARWATER, FL 33767

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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NADER, DAVID A
STREET ADDRESS	61 WINDWARD ISLAND
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767

TITLE	MGRM
NAME	HORNE, THOMAS CHAD
STREET ADDRESS	289 BAYSIDE DRIVE
CITY-ST-ZIP	CLEARWATER BEACH, FL 33767

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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03/20/08-80017-019 138.75

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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: _____ David A Nader _____ 1/29/08 _____ 727 447 1949

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