

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 09, 2007  
Secretary of State**

DOCUMENT# L06000040463

**Entity Name:** THE WINDWARD INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

**New Principal Place of Business:**

621 N.W. 53RD STREET, SUITE 125  
BOCA RATON, FL 33487

**Current Mailing Address:**

**New Mailing Address:**

621 N.W. 53RD STREET, SUITE 125  
BOCA RATON, FL 33487

FEI Number: 20-4887435      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GIULIANTI, STACEY  
621 N.W. 53RD STREET, SUITE 125  
BOCA RATON, FL 33487      US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title:                              ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:                              M                      ( ) Change (X) Addition  
Name:                              STRAUCH, CLINT B  
Address:                            621 NW 53 STREET, SUITE 125  
City-St-Zip:                        BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STACEY A GIULIANTI, ESQ

SEC

05/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date