2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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	621 N.W. 53RD STREET SUITE 135 BOCA RATON, FL 33487

Current Mailing Address:	**New Mailing Address:**
621 N.W. 53RD STREET, SUITE 125 BOCA RATON, FL 33487	621 N.W. 53RD STREET SUITE 135 BOCA RATON, FL 33487

FEI Number: 20-4887435   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

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	GIULIANTI, STACEY 621 N.W. 53RD STREET SUITE 135 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: STACEY A. GIULIANTI, ESQ.   04/21/2008
_____
Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	M ( ) Delete		Title:	M (X) Change ( ) Addition
Name:	STRAUCH, CLINT B		Name:	STRAUCH, CLINT B
Address:	621 NW 53 STREET, SUITE 125		Address:	621 NW 53 STREET, SUITE 135
City-St-Zip:	BOCA RATON, FL 33487		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   04/21/2008
_____
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date