

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013101

1. Entity Name
WINDSOR FLORIDA PROPERTIES II, L.L.C.

FILED

01 APR 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
250 AUSTRALIAN AVENUE SOUTH, SUITE 400
WEST PALM BEACH FL 33401

Mailing Address
250 AUSTRALIAN AVENUE SOUTH, SUITE 400
WEST PALM BEACH FL 33401



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
5872 PENNOCK PT. ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJH

City & State
JUPITER, FL.

4. FEI Number
65-1052832

Applied For
Not Applicable

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

Zip Country
33458

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELWOOD, JAMES C
5872 PENNOCK POINT ROAD
JUPITER FL 33458

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ELWOOD, JAMES C 250 AUSTRALIAN AVENUE SOUTH, SUITE 400 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES C. ELWOOD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/01 561-820-1300
Date Daytime Phone #

0013282 AF

CR2E083 (11/00)