## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am Secretary of State DOCUMENT # L00000013101 1. Entity Name 05-07-2002 90390 045 \*\*\*\*50.00 WINDSOR FLORIDA PROPERTIES II, L.L.C. Principal Place of Business Mailing Address 250 AUSTRALIAN AVENUE-BOUTH, SUITE 400 5872 PENNOCK PT. ROAD WEST PALM BEACH FL 33401 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address 5872 PENNUCK PT. ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1052832 JUPITER Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 3345 B Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELWOOD, JAMES C Street Address (P.O. Box Number is Not Acceptable) 5872 PENNOCK POINT ROAD JUPITER FL 33458 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE Change ☐ Addition CR2E083 (9/01) NAME ELWOOD, JAMES C 5872 PENNUCK Pt. NOAD STREET ADDRESS STREET ADDRESS 250 AUSTRALIAN AVENUE SOUTH: SUITE 400 CITY-ST-ZIP JUPITER, FL. 33458 CITY-ST-ZIP WEST PALM BEACH FL-33401 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

JAMES C. ELLOD, MWAGER

NAME

STREET ADDRESS

CITY-ST-ZIP

4/23/02 561-351-5540