

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013102

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

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

3. Mailing Address

5872 PENNOCK PT. ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
JUPITER, FL 33458

4. FEI Number

65-1052696

Applied For

Not Applicable

Zip

Country

Zip

33458

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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.

JAMES C. ELWOOD

SIGNATURE:

[Signature] (MANAGER)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/23/01 561-820-1300

FILED

01 APR 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MAJH

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