

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90189 028 ****50.00

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

**5872 PENNOCK PT. ROAD
JUPITER FL 33458**

934775

2. Principal Place of Business

5872 PENNOCK PT. ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER, FL

City & State

Zip

33458

Country

Country

4. FEI Number

65-1052696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ELWOOD, JAMES C
5872 PENNOCK POINT ROAD
JUPITER FL 33458**

7. Name and Address of New Registered Agent

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
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ELWOOD, JAMES C**
STREET ADDRESS **250 AUSTRALIAN AVENUE SOUTH, SUITE 400**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5872 PENNOCK PT. ROAD**
CITY-ST-ZIP **JUPITER, FL 33458**

TITLE ☐ Change ☐ Addition
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CR2E083 (9/01)

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:

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

Date

Daytime Phone #

JAMES C. ELWOOD, MANAGER 4/23/02 561-351-5540