

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000011081

1. Entity Name
THE PRESERVE AT WINDSOR LAKES LLC



Principal Place of Business
**1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432**

Mailing Address
**1515 SOUTH FEDERAL HIGHWAY
SUITE 300
BOCA RATON, FL 33432**



01252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1121093

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JEFFREY A. DEUTCH, P.A.
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33434**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ALTMAN DEVELOPMENT CORPORATION
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY, #300
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	ALTMAN, JOEL L
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY, #300
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	ALTMAN PARTNERS WINDSOR LAKES, LTD
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY, #300
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGRM
NAME	ADC EQUITY PARTNERS WINDSORS LAKES LTD
STREET ADDRESS	1515 SOUTH FEDERAL HIGHWAY, #300
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/22/05-00028-001 50.00

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/17/05 561 9978661