

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 MAY -8 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700018473037  
05/08/03--01007--017 \*\*150.00

DO NOT WRITE IN THIS SPACE

**DOCUMENT #**  
1. Entity Name  
Wind River South, LLC *L01000016006*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business c/o Pohl & Short, P.A. Suite, Apt. #, etc. 280 W. Canton Ave. #400 City & State Winter Park, FL		3. Mailing Address P.O. Box 358 Suite, Apt. #, etc. City & State Okeechobee, FL	
Zip 32789	Country USA	Zip 34973	Country USA

4. FEI Number 52-2361672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Pohl & Short, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
280 W. Canton Ave. #400  
City Winter Park, FL Zip Code 32789

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Wind River, LLC P.O. Box 358 Okeechobee, FL 34973	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE 5/1/03 (863) 634-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)