2004 LIMITED LIABILITY COMPANY

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DOCUMENT # L02000001528							FILE			
Entity Name BLR-WINDMILL ROAD, LLC							FILE			
				}		04	MAR 24 PI	1 3:22		
			Mailing Address	VE C101	TT 1100	TALI	REJARY OF	STATE		
390 NORTH ORANGE AVE., SUITE 1100 C/O C. DAVID BROWN II, P.A.			390 NORTH ORANGE AVE., SUITE 1100 C/O C. DAVID BROWN II, P.A.				RETARY OF AHASSEE, F	LORIDA		
ORLANDO, F	L 32801		ORLANDO, FL 32801							
2. Principal Place of Business			3. Mailing Address		11					
Suite, Apt. #, etc.			Suite, Apt. #, etc.		7/	01122004	Chg-LLC	CR2EC	083 (10/03)	
City & State			City & State			4. FEI Number 04-3593859		<u> </u>	oplied For ot Applicable	
Zip Country		itry	Zip		try	5. Certificat	e of Status Desired		\$5.00 Add	
	6. Name and Ad	dress of Current R	legistered Agent		N1	7. Name an	d Address of New	Registered	Agent	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA					Name					
	TH ORANGE AVE D, FL 32801	E., SUITE 1100			Street Address (P.O. Box Numb	per is Not Acceptat	ole) 		
					_				. ,	
			***		City			FL	Zip Cod	
	e named entity submit tions of registered age		the purpose of changing its	registere	ed office or register	red agent, or be	oth, in the State of I	Florida, I am	familiar with,	and accept
SIGNATURE	Signature, broad or printed o	name of registered accost an	od title if englicable (NOTE	- Dogistered	f Ament element se seguisee	tudos roinetatino)		DATE		
	Signature, typed or printed r		nd title if applicable. (NOTE	: Registered	d Agent signature required	t when reinstating)	,	DATE		
Fi	Signature, typed or printed in illing Fee is \$50. ue by May 1, 20	.00	od title if epplicable. (NOTE	: Registered	d Agent signature required	when reinstating)		DATE ake check p da Departm	-	e
Fi D	iling Fee is \$50. ue by May 1, 20	.00			d Agent signature required	d when reinstating)	Flori	ake check p da Departm	ent of State	e
FI D	iling Fee is \$50. ue by May 1, 20	.00 004 ANAGING MEMBER		: Registered		d when reinstating)	Flori	ake check p	ent of State	e Addition
F i D	iling Fee is \$50. ue by May 1, 20	ANAGING MEMBER	RS/MANAGERS Delete	10. Iftle		d when reinstating)	Flori	ake check p da Departm	ent of State	
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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 trastee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

3/18/64 407-839-4200