## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0200001528  I. Fairly time BRR-WINDMILL ROAD, LLC    Survey   S	ANNUAL REPURI				
390 NORTH DRANGE AVE, SUITE 1100 OC LAWING BOWN IF A ORLANDO, FL 32801  2. Precipital Proof of Business  Suite, Apr. #, etc.  Chy & State	1. Entity Name			05 FEB 22 PM 2: 03	
Sules, Apt. #, etc.    Sules, Apt. #, etc.   Sules, Apt. #, etc.   O1042005 Chg-LLC CR2E083 (10/03)   A. FEI Number O4-3593859   A. FEI Number O4-3593859   New Application For New Application Fee Required For O4-3593859   S. Certificate of Status Delative   S. C. O4. Addition Fee Required Asson NorTH ORANGE AVE., SUITE 1100   Street Address (F.O. Box Number is Not Acceptable)	390 NORTH ORANGE AVE., SUITE 1100 390 NORTH ORANGE AVE., SUITE 1100 C/O C. DAVID BROWN II, P.A. C/O C. DAVID BROWN II, P.A.		THASSEE, FLORIDA		
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   A. FER Number   A. Spalled For   Not Applicated For   No	<u>'</u>	Ů,	11/		
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S. Country   S. Certificate of Status Desired   See The Proposed Per Perophere   See The Proposed Country   See The Proposed Cou			H		
S. Neme and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVE., SUITE 1100  ORLANDO, FL 32801  6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE:  OR MANAGING MENSERS / MANAGING MENSERS / MANAGERS  TILL  MGR  MGR  MANAGING MENSERS / MANAGING MENSERS / MANAGERS  TILL  MGR  MGR  MANAGING MENSERS / MANAGING MENSERS / MANAGERS  TILL  MGR  MGR  MGR  MGR  MGR  MGR  MGR  M	,			04-3593859   Not Applicable	
Name   Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Number is Not Acceptable)			<b>V</b> Country	5. Certificate of Status Desired Fee Required	
Sircest Address (P.O. Box Number is Not Acceptable)    City	6. Name and Address of Current Registered Agent		Name	7. Name and Address of New Registered Agent	
THE MAKE SITER ADDRESS OF STEEP ADDRESS	390 NORTH ORANGE AVE., SUITE 1100		Street Address	(P.O. Box Number is Not Acceptable)	
the obligations of registered agent.    SIGNATURE			City	FL Zip Code	
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  ITILE MGR MGR Debete MAKE STREET ADDRESS CITY-ST-2P CRANDO, FL 32801  TITLE MAKE STREET ADDRESS CITY-ST-2P Debete MAKE STREET ADDRES	the obligations of registered agent.  SIGNATURE				
TITLE MARE BROWN, C. DAVID II MAKE BROWN, C. DAVID II MAKE SIREF ADDRESS CITY-ST-2P ORLANDO, FL 32801  TITLE MAKE SIREF ADDRESS CITY-ST-2P  TITLE MAKE SIREF AD				Florida Department of State	
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:	NAME STREET ADDRESS	🗀 Detete	NAME STREET ADDRESS	☐ Change ☐ Addition	
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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				
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