

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90034 045 ****50.00

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DOCUMENT # L02000002789

1. Entity Name
WIND KING, L.L.C.



Principal Place of Business
**6941 LAKE DEVONWOOD DRIVE
FT. MYERS, FL 33908**

Mailing Address
**6941 LAKE DEVONWOOD DRIVE
FT. MYERS, FL 33908**

2. Principal Place of Business
12141 CRYSTAL CONDO RD
Suite, Apt. #, etc.

3. Mailing Address
12141 CRYSTAL CONDO RD
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
FORT MYERS, FLORIDA

City & State
FORT MYERS, FLORIDA

4. FEI Number
03-0385904

Applied For
Not Applicable

Zip
33912

Country
USA

Zip
33912

Country
USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMPERT, DANIEL ESQ.
200 SOUTH BISCAYNE BLVD.
SUITE 1000
MIAMI FL 33131**

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

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME **HGR BRUCE A. HOOVIS**
STREET ADDRESS **12141 CRYSTAL CONDO RD**
CITY-ST-ZIP **FORT MYERS, FL. 33912**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **HGRM EITAN BEN-JACOB**
STREET ADDRESS **5285 TRENHOLME**
CITY-ST-ZIP **MONTRER, QBC. H4V 1Y4, CANADA**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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TITLE Delete
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TITLE Change Addition
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED** *BRUCE A. HOOVIS MGR* **4/14/03** **734-936-9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)