

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

|                                                                                       |                                                                                   |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000008966</b><br>1. Entity Name<br><b>WINDWARD PROPERTIES L.L.C.</b> |  |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                        |                                                                            |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| Principal Place of Business<br><b>9548 SAVONA WINDS DR.<br/>DELRAY BEACH, FL 33446</b> | Mailing Address<br><b>9548 SAVONA WINDS DR.<br/>DELRAY BEACH, FL 33446</b> |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-LLC CR2E083 (10/03)

|                                        |                                      |
|----------------------------------------|--------------------------------------|
| 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br><b>Not Applicable</b> |
|----------------------------------------|--------------------------------------|

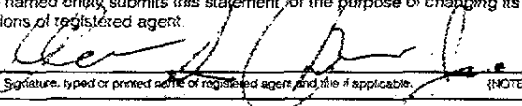
|                                                           |                                           |
|-----------------------------------------------------------|-------------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00 Additional<br/>Fee Required</b> |
|-----------------------------------------------------------|-------------------------------------------|

6. Name and Address of Current Registered Agent

**ALAN S. CHRISTNER, JR. P.A.  
350-2 GULF BLVD.  
INDIAN ROCKS BEACH, FL 33785**

**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  1/26/04  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

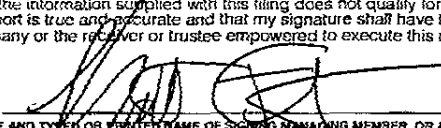
**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000024877  
02/02/04-80076-014 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                            |
|------------------------------------------------|----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GINER, ALAN J<br>9548 SAVONA WINDS DR.<br>DELRAY BEACH, FL 33446   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FLETCHER, KATHY<br>9548 SAVONA WINDS DR.<br>DELRAY BEACH, FL 33446 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                            |

**DO NOT WRITE  
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:**  1/29/04 (954) 535-1742  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #