2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000008966

1. Entity Name
WINDWARD PROPERTIES L.L.C.

Principal Place of Business	Mailing Address
9548 SAVONA WINDS DR. DELRAY BEACH, FL 33446	9548 SAVONA WINDS DR. DELRAY BEACH, FL 33446

DO NOT WRITE IN THIS SPACE

01282004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

U00000024677
02/02/04-80076-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GINER, ALAN J
STREET ADDRESS	9548 SAVONA WINDS DR.
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	MGRM
NAME	FLETCHER, KATHY
STREET ADDRESS	9548 SAVONA WINDS DR.
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 #