2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 21, 2003 8:00 am Secretary of State

DOCUMENT # L02000012357 1. Entity Name WINDTREE LANE, LLC						04-07-200	3 90613	044 ***	*50.00	
Principal Place of Business Mailing Address 886 SOUTH DILLARD ST. WINTER GARDEN FL 34787 WINTER GARDEN FL 34787										
2. Principal	Place of Business		· .							
Suite, Apt	t. #, etc.	Suite, Apt, #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	it o	City & State	City & State			Jumber Applied For Not Applicable			e	
ΖIp	Country	Zip	ip Country		5. Certificate of Status Desired [\$5.00 Additional Fee Required		
	6. Name and Address of Cur			7. Name a	nd Address of New Re				1	
ASI	MA, WILLIAM N PA		Name	<u> </u>	<u> </u>		1.2		_}	
886 SOUTH DILLARD ST. WINTER GARDEN FL 34787				Street Address	(P.O. Box Nurr	nber is Not Acceptable)]
			•	City				Zip Cod		-
2. The shows	a name of a site of the state of	at for the purpose of changing its	intor	<u> </u>	orad agent or l	outh in the Ptate of Flor	FL.	<u> </u>		4
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	Signature, typed or printed name of registered	egent and tide if applicable. (NOTE	: Registere	d Agent signature require	od when reinstating)		DATE	<u>·</u>		
			EE IS \$50.00						7 .	
		Make Check Payabl		orida Departmi iy 1, 2003	ent of State					
9.	MANAGING ME		10.	1, 2000		ADDITIONS/O	PHANGES			╣,
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NAME	ASMA, WILLIAM N			E				•		5
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11. I hereby c	ertify that the information supplied	with this filing does not qualify for	the exen	notion stated in Se	ection 119.07(3)(i), Florida Statutes. I fi	urther certif	y that the in	formation	1
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 AND TYPED OR PRINTED NAME OF SIGNANG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylors Proper										