2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000023124

1. Entity Name
WINDWARD, L.L.C.

Principal Place of Business	Mailing Address
2 POND'S EDGE DRIVE	P.O. BOX 999
CHADDS FORD, PA 19317	CHADDS FORD, PA 19317

DO NOT WRITE IN THIS SPACE

03272007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
16-1630593	Not Applicable

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

6. Name and Address of Current Registered Agent

BRANDYWINE FINANCIAL SERVICES CORPORATION
C/O BRUCE E. MOORE
2631 MCCORMICK DRIVE, SUITE 101
CLEARWATER, FL 33759

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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 _____

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, 2007

U00000719014
05/01/07-80046-009 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	MOORE, BRUCE E
STREET ADDRESS	2 POND EDGE DRIVE
CITY-ST-ZIP	CHADDS FORD, PA 19317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Bruce E. Moore, Managing Member   4/4/2007   610-388-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #