

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023124

Entity Name: WINDWARD, L.L.C.

**FILED**  
**Apr 03, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

2 POND'S EDGE DRIVE  
CHADDS FORD, PA 19317

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 999  
CHADDS FORD, PA 19317

**New Mailing Address:**

FEI Number: 16-1630593

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOORE, BRUCE E  
Address: 2 POND EDGE DRIVE  
City-St-Zip: CHADDS FORD, PA 19317

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

04/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date