


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

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|--|---|
| DOCUMENT # L02000024212 1. Entity Name WINDSONG AVIARY LLC |  |
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|---|---|
| Principal Place of Business 433 BREAM POND ROAD SOUTHPORT, FL 32409 | Mailing Address 433 BREAM POND ROAD SOUTHPORT, FL 32409 |
|---|---|



01192004 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 52-2385435 | Applied For <input checked="" type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent JOHNSON, WENDY DAWN 433 BREAM POND ROAD SOUTHPORT, FL 32409 |
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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 *Wendy D. Johnson* (NOTE: Registered Agent signature required when reinstating) DATE 1/20/04

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

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR JOHNSON, WENDY 433 BREAM POND RD. SOUTH PORT, FL 32409 |
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01/26/04-80062-014 55.00

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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: *Wendy D. Johnson* Date 1/20/04 Daytime Phone # 850-527-3695