


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000024548 1. Entity Name WINDWARD GP, L.L.C.	
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Principal Place of Business 2 POND'S EDGE DRIVE CHADDS FORD, PA 19317	Mailing Address PO BOX 999 CHADDS FORD, PA 19317
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03302005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1978940	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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

DO NOT WRITE 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.

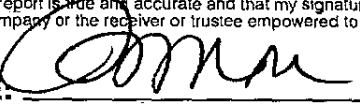
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, BRUCE E PO BOX 999 CHADDS FORD, PA 19317
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<p>U00000333351 04/26/05-80095-012 55.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  **Bruce E. Moore,**
Managing Member **4/18/05 (610) 388-9600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #