

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 19, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000028142**

1. Entity Name  
**WINDMOOR PROJECT, LLC**



Principal Place of Business  
**1861 NW SOUTH RIVER DRIVE  
MIAMI, FL 33125 US**

Mailing Address  
**2600 SW 3RD AVENUE  
SUITE #730  
MIAMI, FL 33129 US**



01142008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**45-0490299**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**GUZUIEN, MARION  
TWO DATRON CENTER  
9130 S. DADELAND BLVD., SUITE 1504  
MIAMI, FL 33156**

**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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
TERRAZAS RIVERPARK MANAGEMENT CORP.  
1861 NW SOUTH RIVER DRIVE  
MIAMI, FL 33125**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BA INVESTMENT GROUPS - U.S.A. CORP.  
2600 S.W. 3RD AVENUE #730  
MIAMI, FL 33129**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WINDMOOR PROPERTY, LLC  
2600 S.W. 3RD AVENUE #730  
MIAMI, FL 33129**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000833967  
02/28/08-80033-021 143.75

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Figuerel Angel Barbagallo* 2/13/08 (305) 859-9787

Date

Daytime Phone #