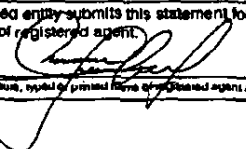
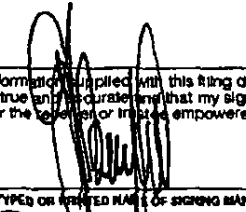


FILED
May 14, 2003 8:00 am
Secretary of State

04-25-2003 90761 020 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000028142			
1. Entity Name WINDMOOR PROJECT, LLC			
Principal Place of Business 201 ALHAMBRA CIRCLE STE. 1102 CORAL GABLES, FL 33134		Mailing Address 201 ALHAMBRA CIRCLE STE. 1102 CORAL GABLES, FL 33134	
2. Principal Place of Business 1861 NW South River Drive Suite, Apt. #, etc.		3. Mailing Address 200 SW 3rd Avenue Suite, Apt. #, etc. 730	
City & State Miami, FL		City & State Miami, FL	
Zip 33125		Zip 33129	
Country USA		Country USA	
4. FEI Number 45-0490279		Applied For Not Applicable	
5. Certificate of Status Desired D		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE STE. 1102 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: Guzman, Mario. Street Address (P.O. Box Number is Not Acceptable): Two Dorton Center 4130 S. Dadeland Blvd. Suite 1504 City: Miami, FL Zip Code: 33156	
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:  DATE: 3/23/03 (NOTE: Registered Agent Signature Required when Installing)			
FILE NOW WITH FEES \$150.00 Make check payable to the Florida Department of State DUE 5/15/2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Miguel Angel Burbogallo 2000 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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 person or persons empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		04/17/03 (305) 269-7787	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2E083 (10/02)