2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90761 017 ****55.00

DOCUMENT # **L02000028321**

1. Entity Name
WINDMOOR PROPERTY, LLC

Principal Place of Business	Mailing Address
1320 SOUTH DIXIE HIGHWAY, SUITE 280 CORAL GABLES, FL 33146	1320 SOUTH DIXIE HIGHWAY, SUITE 280 CORAL GABLES, FL 33146

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2600 SW 3rd. Avenue		2600 SW 3rd. Avenue	
Suite, Apt. #, etc.: 730		Suite, Apt. #, etc.: 730	
City & State: Miami, FL.		City & State: Miami, FL.	
Zip: 33129	Country: USA.	Zip: 33129.	Country: USA.

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

DE VARONA, RAUL J.S.
1320 SOUTH DIXIE HIGHWAY, SUITE 280
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name: Guzman, Mario.
Street Address (P.O. Box Number Is Not Acceptable): Two Datran Center
9130 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 [signature] MARIO GUZMAN 3/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBAGALLO, MIGUEL A 1320 SOUTH DIXIE HIGHWAY, SUITE 280 CORAL GABLES, FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2600 SW 3rd. Avenue Suite 730. Miami, FL. 33129.	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 04/17/03 (305)859-9787.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)