


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90316 008 \*\*\*138.75

<b>DOCUMENT # L02000034812</b> 1. Entity Name <b>FI-WINDSOR WOODS, LLC</b>					
Principal Place of Business <b>13719 DALLAS DRIVE HUDSON, FL 34667</b>			Mailing Address <b>100 SECOND AVENUE SOUTH SUITE 901S ST PETERSBURG, FL 33701</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>c/o 100 Second Ave S.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Suite 901 South</i>			
City & State		City & State <i>St. PETERSBURG, FL</i>			
Zip	Country	Zip <i>33701</i>	Country	03212008    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>32-0051456</b>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>SPECTOR GADON &amp; ROSEN, LLP 360 CENTRAL AVENUE, SUITE 1550 ST. PETERSBURG, FL 33701</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADONNA, HARRY DILLON 360 CENTRAL AVE, SUITE 1550 ST PETERSBURG, FL 33701	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADMINISTRATOR 13719 DALLAS DRIVE HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIRECTOR OF NURSING 13719 DALLAS DRIVE HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIRECTOR OF NURSING 13719 DALLAS DRIVE HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIRECTOR OF NURSING 13719 DALLAS DRIVE HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIRECTOR OF NURSING 13719 DALLAS DRIVE HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIRECTOR OF NURSING 13719 DALLAS DRIVE HUDSON, FL 34667	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <i>Harry Dillon Madonna</i> <b>HARRY DILLON MADONNA</b> <b>4/2/08</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					