2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000002632

1. Entity Name
WINDSOR SQUARE, LLC

Principal Place of Business	Mailing Address
721 NE 3RD AVENUE FORT LAUDERDALE, FL 33304	721 NE 3RD AVENUE FORT LAUDERDALE, FL 33304

DO NOT WRITE IN THIS SPACE

04212006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
83-0371067	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, THOMAS M
2400 EAST COMMERCIAL BOULEVARD, STE 820
FORT LAUDERDALE, FL 33308

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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, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DOERING, RALPH H III
STREET ADDRESS	721 NE 3RD AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	MGR
NAME	DOERING, JOHN C
STREET ADDRESS	721 NE 3RD AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/06--80134-018 50.00

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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: _____ (Ralph H. Doering, III)   4/24/06   954-525-0210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #