

FILED
May 03, 2004 8:00 am
Secretary of State

DOCUMENT # L03000010005		
1. Entity Name WINDSOR MANOR CHILDREN'S HOME, LLC		
Principal Place of Business 1403 SOUTH WIGGINS RD. PLANT CITY, FL 33556	Mailing Address 1403 SOUTH WIGGINS RD. PLANT CITY, FL 33556	
2. Principal Place of Business	3. Mailing Address 505 S. 56TH ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State TAMPA FL.	
Zip	Country	Country
33619	USA	USA
6. Name and Address of Current Registered Agent		
LANGELIER, PHILLIPE 1403 SOUTH WIGGINS RD. PLANT CITY, FL 33556		Name Street Address City
8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
Signature, typed or printed name of registered agent and title if applicable.		
Filing Fee is \$50.00 Due by May 1, 2004		
9.	MANAGING MEMBERS / MANAGERS	10.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 S indicated on this report is true and accurate and that my signature shall have the same legal effect as if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, F.S.		
SIGNATURE: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		