2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 90127 036 ****50.00

| DOCUMENT # L03000010005 1. Entity Name WINDSOR MANOR CHILDREN'S HOME, LLC | | | | | | | 05-03-2004 9 | 90127 036 **** | 50.00 | |
|--|------------------|-----------------------------------|---|---|---|------------------------|--|--|--|--|
| Principal Place 1403 SOUTH PLANT CITY, | WIGGINS R | | Mailing Address 1403 SOUTH WIGGINS RD. PLANT CITY, FL 33556 | | | | II BBIRB film Br ill Bb ir Bb ill B | | | |
| 2. Principal Place of Business | | | 3. Mailing Address 5.5673 51. | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | Chg-LLC | CR2E083 (10/03) | | |
| City & State | | | City & State TAMPA FC. | | | 4. FEI Numb | 52779 | | oplied For ot Applicable | |
| Zip | | Country | 3 1 6/9 | Country ララ | | 1 | e of Status Desired | □ \$5.00 Add Fee Require | | |
| 6. Name and Address of Current F | | | nt Registered Agent | | Name | 7. Name an | d Address of New Reg | Jistered Agent | | |
| LANGELIE 1403 SOU PLANT CIT | TH WIGG | INS RD. | | | | | P.O. Box Number is Not Acceptable) | | | |
| | | | | . - | City | | | FL Zip Cod | ie | |
| 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, a the obligations of registered agent. | | | | | | | | and accept | | |
| SIGNATURE . | Signature, typed | or printed name of registered age | nt and title if applicable. (NOTI | E: Registered A | gent signatura requira | d when reinstating) | | DATE | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | | | | | check payable to Department of Stat | | |
| | | , | | | | | Piorida L | Department or Stat | .e | |
| 9. | 1 | MANAGING MEME | BERS/MANAGERS | 10. | | | ADDITIONS/C | HANGES | | |
| 9. TITLE NAME STREET ADDRESS | 1 ,,,= | 10 | BERS/MANAGERS | TITLE NAME STREET | ADDRESS 50 | 5 s. 56 | ADDITIONS/C member Langelier Street | | X Addition | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP | . ,.= | MANAGING MEME | ☐ Delete | TITLE NAME STREET A | ADDRESS 50 | illipe | ADDITIONS/C member Langelier Street | HANGES ☐ Change | ★ Addition | |
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