

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024910

FILED
Jan 06, 2005
Secretary of State

Entity Name: WINDFLOW PROPERTIES LLC

Current Principal Place of Business:

1400 NE 57TH ST. APT. 104
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

1400 NE 57TH ST. SUITE. 104
FORT LAUDERDALE, FL 33334

Current Mailing Address:

1400 NE 57TH ST. APT. 104
FORT LAUDERDALE, FL 33334

New Mailing Address:

1400 NE 57TH ST. SUITE. 104
FORT LAUDERDALE, FL 33334

FEI Number: 41-2123933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOURNS, DAVID L
1400 NE 57TH ST. APT. 104
FORT LAUDERDALE, FL 33334 US

Name and Address of New Registered Agent:

BOURNS, DAVID L
1400 NE 57TH ST. SUITE. 104
FORT LAUDERDALE, FL 33334 US

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.

SIGNATURE:

01/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BRUCE, PETER
Address: 12757 NW 68TH DR.
City-St-Zip: PARKLAND, FL 33076

Title: MGRM (X) Delete
Name: BOUTWELL, TAYLOR
Address: 329 ROBIN LANE
City-St-Zip: MARIETTA, GA 30067

Title: MGRM () Delete
Name: BOURNS, DAVID L
Address: 1400 NE 57TH ST APT 104
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM () Delete
Name: SAFKO, TREVOR
Address: P.O. BOX 950303
City-St-Zip: LAKE MARY, FL 32795

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: BOURNS, DAVID L
Address: 1400 NE 57TH ST SUITE 104
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGRM (X) Change () Addition
Name: SAFKO, TREVOR
Address: 1400 NE 57TH ST SUITE 104
City-St-Zip: FORT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID L. BOURNS

MGRM

01/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date