2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032932

Entity Name: WINDSOR PLACE LLC

FILED May 03, 2005 Secretary of State

Current Principal Place of Business:

C/O CHARLES M. SCARDINA C/O CHARLES M. SCARDINA

3333 SOUTH CONGRESS AVE., STE. 401 7593 BOYNTON BEACH BLVD, STE 220 DELRAY BEACH, FL 33445

BOYNTON BEACH, FL 33734

New Mailing Address:

New Principal Place of Business:

Current Mailing Address:

C/O CHARLES M. SCARDINA C/O CHARLES M. SCARDINA

7593 BOYNTON BEACH BLVD, STE 220 3333 SOUTH CONGRESS AVE., STE. 401

DELRAY BEACH, FL 33445 BOYNTON BEACH, FL 33437

FEI Number: 20-0190479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOOSE, WILLIAM R III 515 NORTH FLAGLER DR., STE. 1900 WEST PALM BEACH, FL 33401

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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

() Delete Title: (X) Change () Addition

SCARDINA, CHARLES M SCARDINA, CHARLES M Name: Name: Address: 3333 SOUTH CONGRESS AVE., STE. 403B Address: 7593 BOYNTON BEACH BLVD, STE 220

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: BOYNTON BEACH, FL 33437

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: CHARLES SCARDINA 05/03/2005