



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90145 049 ****50.00

DOCUMENT # L03000041888					
1. Entity Name ROYAL WINDSOR GARDENS, LLC					
Principal Place of Business 2432 FLAGLER AVE. KEY WEST, FL 33040			Mailing Address P.O. BOX 5552 KEY WEST, FL 33040		
2. Principal Place of Business 201 Front Street Suite, Apt. #, etc. Ste 109 City & State Key West FL Zip 33040 Country Monroe		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-0351624				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAUNDERS, SCOTT A 2432 FLAGLER AVE. KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name <u>Scott A Saunders</u> Street Address (P.O. Box Number is Not Acceptable) 201 Front St. Ste 109 City <u>Key West</u> <u>FL</u> Zip Code <u>33040</u>		
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 <u>[Signature]</u> DATE <u>2/7/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAXON, LLC 2432 FLAGLER AVENUE KEY WEST, FL 33040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	201 Front St. Ste. 109 Key West FL 33040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAY FAIRBANK & LISA LENNON 1424 WHITE STREET KEY WEST, FL 33040	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>2/7/06</u> Daytime Phone # <u>305 294-0505</u>		