

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90065 006 ***138.75

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01082008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000041888 1. Entity Name ROYAL WINDSOR GARDENS, LLC					
Principal Place of Business 201 FRONT STREET SUITE 109 KEY WEST, FL 33040 US			Mailing Address P.O. BOX 5552 KEY WEST, FL 33040 US		
2. Principal Place of Business - No P.O. Box # 412 WHITE ST		3. Mailing Address Suite, Apt. #, etc.			
City & State KEY WEST, FL		City & State Suite, Apt. #, etc.		4. FEI Number 20-0351624	
Zip 33040		Country MONROE		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SAUNDERS, SCOTT A 201 FRONT STREET SUITE 109 KEY WEST, FL 33040			7. Name and Address of New Registered Agent Name Saunders Scott A Street Address (P.O. Box Number is Not Acceptable) 412 White Street City Key West FL Zip Code 33040		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			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 201 FRONT STREET SUITE 109 KEY WEST, FL 33040		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 412 WHITE STREET KEY WEST, FL 33040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAY FAIRBANK & LISA LENNON 1424 WHITE STREET KEY WEST, FL 33040		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		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		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		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		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1/8/08 Daytime Phone # 305 294-9505		