


2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90018 008 \*\*\*\*55.00

<b>DOCUMENT # L03000052214</b>					
<b>1. Entity Name</b> WINDY ACRES, LLC					
<b>Principal Place of Business</b> 10702 PELICAN DR WELLINGTON, FL 33414			<b>Mailing Address</b> 10702 PELICAN DR WELLINGTON, FL 33414		
<b>2. Principal Place of Business</b> <i>NA</i>		<b>3. Mailing Address</b> <i>NA</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b>	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
<b>6. Name and Address of Current Registered Agent</b>  HILDA M. PORRO, P.A. 12773 W FOREST HILL BLVD, STE 1201 WELLINGTON, FL 33414				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City	
<b>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.</b>				DATE	
SIGNATURE _____ <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, 2004			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MGR BARBARA K STEGEN</i> <input type="checkbox"/> Delete <i>10702 PELICAN DRIVE</i> <i>WELLINGTON, FL 33414</i>		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	
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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	
<b>11. I hereby certify that the information supplied with this filing does not qualify 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 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.</b>					
<b>SIGNATURE:</b> <i>Barbara K. Stegen</i> <b>BARBARA K. STEGEN</b> <i>4/29/04</i> <i>H: 425-883-6722</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

*6-425-264-4120*

*Attachment*  
*24052243*

**ARTICLES OF ORGANIZATION  
FOR LIMITED LIABILITY COMPANY**

*# 203000052214*

**ARTICLE I -- NAME**

The name of the Limited Liability Company shall be WINDY ACRES, LLC ("Company").

**ARTICLE II -- ADDRESS**

The mailing address and street address of the principal office of the company shall be 10702 Pelican Drive, Wellington, Florida, 33414.

**ARTICLE III -- REGISTERED OFFICE AND AGENT**

The name and the Florida street address of the registered agent are:

Hilda M. Porro, P.A.  
12773 W. Forest Hill Blvd., Suite 1201  
Wellington, Florida 33414

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV -- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

*Barbara Stegen*  
\_\_\_\_\_  
BARBARA STEGEN, Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)