


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90020 027 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L04000000260</b><br>1. Entity Name<br><b>TAMPA WINDRIDGE, L.L.C.</b> |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>8902 NORTH DALE MABRY HIGHWAY, SUITE<br/>TAMPA FL 33614</b> | Mailing Address<br><b>8902 NORTH DALE MABRY HIGHWAY, SUITE<br/>TAMPA FL 33614</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



1st MOORE CR2E083 (10/04)

|   |  |  |
|---|--|--|
| 4. FEI Number<br><b>59-3095861</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |  |

|  |  |  |             |
|--|--|--|-------------|
| 6. Name and Address of Current Registered Agent                      |  | 7. Name and Address of New Registered Agent        |             |
| <b>EILERS, LORRIE N<br/>2544 LAKE ELLEN DRIVE<br/>TAMPA FL 33618</b> |  | Name   |             |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |             |
|  |  | City   | FL Zip Code |

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

| 9. MANAGING MEMBERS / MANAGERS                 |  | 10. ADDITIONS / CHANGES                        |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGR<br/>EILERS, LORRIE N<br/>2544 LAKE ELLEN DRIVE<br/>TAMPA FL 33618</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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.

**SIGNATURE:** *Lorrie N. Eilers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*04/15/05*

Date

*813-932-4600*

Daytime Phone #