


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90035 016 ****50.00

DOCUMENT # L04000013502					
1. Entity Name WINDSOR, LLC					
Principal Place of Business 1626 SE 29TH TERRACE OCALA, FL 34471			Mailing Address 1626 SE 29TH TERRACE OCALA, FL 34471		
2. Principal Place of Business 5015 SE 7th Avenue		3. Mailing Address 5015 SE 7th Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Ocala, FL		City & State Ocala, FL		4. FEI Number 20-0936573	
Zip 34480		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PRASHAD, SEEMA 1626 SE 29TH TERRACE OCALA, FL 34471			7. Name and Address of New Registered Agent Name: Prashad, Seema Street Address (P.O. Box Number is Not Acceptable) 5015 SE 7th Avenue City: Ocala FL Zip Code: 34480		
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>Prashad PRASHAD</u> SEEMA PRASHAD DATE: <u>1/11/06</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 PRASHAD, SEEMA 1626 SE 29TH TERRACE OCALA, FL 34471 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Prashad, Seema 5015 SE 7th Avenue Ocala, FL 34480 <input checked="" 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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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>Prashad PRASHAD</u> SEEMA PRASHAD DATE: <u>1/11/06</u> (352) 572-0463 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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