

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052965

FILED
Feb 06, 2009
Secretary of State

Entity Name: WINDWARD PROPERTIES GROUP LLC

Current Principal Place of Business:

417-12TH STREET WEST, SUITE 218
BRADENTON, FL 34205

New Principal Place of Business:

233 15TH STREET WEST
BRADENTON, FL 34205

Current Mailing Address:

417-12TH STREET WEST, SUITE 218
BRADENTON, FL 34205

New Mailing Address:

233 15TH STREET WEST
BRADENTON, FL 34205

FEI Number: 26-0116728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMASON, ROBERT S
Address: 417-12TH STREET WEST, SUITE 218
City-St-Zip: BRADENTON, FL 34205

Title: MGR () Delete
Name: STEVENS, ROBERT H
Address: 417-12TH STREET WEST, SUITE 218
City-St-Zip: BRADENTON, FL 34205

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMASON, ROBERT S
Address: 233 15TH STREET WEST
City-St-Zip: BRADENTON, FL 34205

Title: MGR (X) Change () Addition
Name: STEVENS, ROBERT H
Address: 233 15TH STREET WEST
City-St-Zip: BRADENTON, FL 34205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT S. THOMASON

MGR

02/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date