

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071584

Entity Name: WINDCHIME GROUP, LLC

FILED
Jul 13, 2008
Secretary of State

Current Principal Place of Business:

4062 MISSION HILLS CIR W
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

4062 MISSION HILLS CIR W
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 20-3179009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, STAN B
4062 MISSION HILLS CIR W
JACKSONVILLE, FL 32225 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: SMITH, STAN B
Address: 4062 MISSION HILLS CIR W
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGR () Delete
Name: SMITH, SANDRA
Address: 4062 MISSION HILLS CIR W
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGR () Delete
Name: HARRISON, JOHN D
Address: 4062 MISSION HILLS CIR W
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGR () Delete
Name: HARRISON, LINDA
Address: 4062 MISSION HILLS CIR W
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STAN B SMITH

MGR

07/13/2008

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