

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000085922

1. Entity Name
WINDWARD PLAZA AT ISLAND ESTATES, L.L.C.



Principal Place of Business
**294 WINDWARD PASSAGE
WINDWARD PLAZA
CLEARWATER, FL 33767**

Mailing Address
**294 WINDWARD PASSAGE
WINDWARD PLAZA
CLEARWATER, FL 33767**



06162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARNES, ROBERT L JR.
2905 BAYSHORE BLVD.
SUITE 200
TAMPA, FL 33629**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

U000000765469
06/20/07-80002-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SEITHER, ELIZABETH C
294 WINDWARD PASSAGE
CLEARWATER, FL 33767**

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 _____

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

Date

Daytime Phone #