

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90080 041 ****55.00

DOCUMENT # L05000119805

1. Entity Name
NEW WINDMOOR PROJECT, LLC



Principal Place of Business
**2600 S.W. 3RD AVENUE
 STE. 730
 MIAMI, FL 33129**

Mailing Address
**2600 S.W. 3RD AVENUE
 STE. 730
 MIAMI, FL 33129**

60021533



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02082007 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
20-3954783

Applied For
 Not Applicable

City & State
 Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Zip Country
 Zip Country

6. Name and Address of Current Registered Agent

**SKRLD, INC.
 % OSCAR R. RIVERA, ESQ.
 201 ALHAMBRA CIRCLE, STE. 1102
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee Is \$50.00
 Due by May 1, 2007**

Make check payable to
Florida Department of State

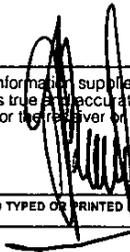
9. MANAGING MEMBERS/MANAGERS

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TERRAZAS RIVERPARK MGMT. CORP. 2600 SW 3RD AVE, STE 700 MIAMI, FL 33129 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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10. ADDITIONS/CHANGES

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS 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 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:  **Miguel Angel Barbagallo** 2/27/07 (305) 859-9787
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #