2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119894

Entity Name: WINDSOR LOT 2 BLOCK 60, LLC

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1717 INDIAN RIVER BOULEVARD, SUITE 202-A 1717 INDIAN RIVER BOULEVARD VERO BEACH, FL 32960

SUITE 202A

VERO BEACH, FL 32960

Current Mailing Address: New Mailing Address:

1717 INDIAN RIVER BOULEVARD, SUITE 202-A 1717 INDIAN RIVER BOULEVARD

VERO BEACH, FL 32960 SUITE 202A

VERO BEACH, FL 32960

FEI Number: 20-3978227 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

TAYLOR, J. ATWOOD III BARTH, PHILLIP H III

3895 INDIAN RIVER DRIVE EAST 5070 N. HIGHWAY A-1-A, SUITE 200 VERO BEACH, FL 32963 VERO BEACH, FL 32963

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: PHILLIP H. BARTH, III 04/20/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete

(X) Change () Addition BARTH, PHILLIP H III BARTH, PHILLIP H III Name: Name:

1717 INDIAN RIVER BOULEVARD, SUITE 202-A Address: 3895 INDIAN RIVER DRIVE EAST Address:

City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Delete Title: MGRM (X) Change () Addition

BARTH, ALLYSON Name: BARTH, ALLYSON Name:

Address: 1717 INDIAN RIVER BOULEVARD, SUITE 202-A Address: 3895 INDIAN RIVER DRIVE EAST City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Delete Title: () Change () Addition

SCHAUB, CLEMENS Name: Name: Address: 3383 OCEAN DRIVE Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: SCHAUB, VIKTORIA Name: Address: 3383 OCEAN DRIVE Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

MULLAN, THOMAS F III Name: Name: 2330 W JOPPA ROAD, SUITE 210 Address: Address: City-St-Zip: LUTHERVILLE, MD 21093 City-St-Zip:

Title: () Delete Title: () Change () Addition

MARY MAYNES MULLAN, Name: Name: Address: 2330 W JOPPA ROAD, SUITE 210 Address: LUTHERVILLE, MD 21093 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PHILLIP H. BARTH, III **MGRM** 04/20/2006