

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119894

FILED
Apr 16, 2009
Secretary of State

Entity Name: WINDSOR LOT 2 BLOCK 60, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

1717 INDIAN RIVER BLVD.
SUITE 202A
VERO BEACH, FL 32960

Current Mailing Address:

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

New Mailing Address:

1717 INDIAN RIVER BLVD.
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 Current Registered Agent:

BARTH, PHILLIP H III
3895 INDIAN RIVER DRIVE EAST
VERO BEACH, FL 32963 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: MGRM () Delete
Name: BARTH, PHILLIP H III
Address: 3895 INDIAN RIVER DRIVE EAST
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Delete
Name: BARTH, ALLYSON
Address: 3895 INDIAN RIVER DRIVE EAST
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Delete
Name: SCHAUB, CLEMENS
Address: 3383 OCEAN DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: MGRM () Delete
Name: SCHAUB, VIKTORIA
Address: 3383 OCEAN DRIVE
City-St-Zip: VERO BEACH, FL 32963

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

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

ADDITIONS/CHANGES:

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

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

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

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

Title: () Change () Addition
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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: PHILLIP H. BARTH, III

MGRM

04/16/2009

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