

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119894

FILED  
Apr 21, 2010  
Secretary of State

Entity Name: WINDSOR LOT 2 BLOCK 60, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-3978227

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

BARTH, PHILLIP H III  
3895 INDIAN RIVER DRIVE EAST  
VERO BEACH, FL 32963 US

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

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

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

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

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

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

I hereby 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

MGR

04/21/2010

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