2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000067474

1. Entity Name
WINDMILL HOLDING COMPANY, LLC



FILED Mar 10, 2008 8:00 am Secretary of State

03-10-2008 90333 008 ***143.75

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Suite, Apt. #, etc. City & State City & State Country Street Address of New Registered Agent Name ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146 City FL Zip Code					Mailing Address 2751 EXECUTIVE P. WESTON, FL 3333	Principal Place of Business 2751 EXECUTIVE PARK DRIVE, SUITE 201 WESTON, FL 33331	
City & State City & State City & State City & State Applied Fr. 20-5663467 Country S. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146 City City Country S. Certificate of Status Desired Fee Required Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	3. Mailing Address				3. Mailing Address	iness - No P.O. Box #	2. Principal Place of Busin
Zip Country Zip Country 5. Certificate of Status Desired See Required 6. Name and Address of Current Registered Agent Name ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146 City FL Zip Code	Suite, Apt. #, etc. 02252008 Chg-LLC CR2E083 (12/06)	02252008 Chg-LLC	022520		Suite, Apt. #, etc.		Suite, Apt. #, etc.
5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVE., SUITE 125 CORAL GABLES, FL 33146 City FL Zip Code	, and the second			_	City & State		City & State
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FL ''''	Name		Name	-	·	VE., SUITE 125	1500 SAN REMO AV
	City Zip Code		City				
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 acceptate of the obligations of registered agent. SIGNATURE Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	t for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					stered agent.	the obligations of regist
FILE NOWIL! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State	75 Florida Department of State	Florida		-		Fee will be \$538.75	After May 1, 2008
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES			1100			. MANAGING MEMBER	1
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE