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2005 LIMITED LIABILITY COMPARY ANNUAL REPORT

DOCUMENT # L07000061463 WINDSOR AREA VILLAS LLC 09 SEP 21 AM 9: 14 Principal Place of Business Mailing Address 100 MISSISSIPPI AVE 7862 W. IRLO BRONSON HWY SAINT CLOUD, FL 34769 **STE 168** ST. CLOUD, FL 34747 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apt. #, etc. Suite. Apt. #. etc. Chg-LLC 07092009 CR2E083 (11/08) City & State City & State 4. FEI Number Applied For 26-0329793 Not Applicable Zip Country Ζıp Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FARESE, JUANA Street Address (P.O. Box Number is Not Acceptable) 100 MISSISSIPPI AVE SAINT CLOUD, FL 34769 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 Signature: typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Florida Department of State liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10, 9. Delete TITLE Change Addition TITLE FARESE, JUANA NAME NAME STREET ADDRESS 100 MISSISSIPPI AVE STREET ADDRESS CITY-ST-ZIP SAINT CLOUD, FL 34769 CITY-ST-ZIP Change TITLE ☐ Delete DELE ☐ Addition 300160892 09/21/09--01004--014 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST- ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP B. Tables SEP 2 2 2009 Delete TITLE Addition DILE NAME NAME SREET ADDRESS STREET ADDRESS QUTY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Davtime Phone #