

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

01-16-2008 90054 037 \*\*\*138.75

**DOCUMENT # L07000067963**

1. Entity Name  
**WINDWARD PROPERTIES, LLC**



Principal Place of Business  
**54 S.E. 6TH AVENUE  
DELRAY BEACH, FL 33403**

Mailing Address  
**54 S.E. 6TH AVENUE  
DELRAY BEACH, FL 33403**

00000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip **33483**

Country

Zip **33483**

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRACEY, MATTHEW  
54 S.E. 6TH AVENUE  
DELRAY BEACH, FL 33403

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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]*

(NOTE: Registered Agent signature required when terminating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
GRACEY, MATTHEW  
54 S.E. 6TH AVENUE  
DELRAY BEACH, FL 33403 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
REALE, DANIEL M  
541 LAKE COMO CIRCLE  
ORLANDO, FL 32803 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
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CITY - ST - ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #