

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000043809

FILED
Jun 10, 2009
Secretary of State

Entity Name: WINDSOR WOODS APARTMENTS LLC

Current Principal Place of Business:

1704 MARYS COURT
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14274
TALLAHASSEE, FL 32317 US

New Mailing Address:

9265 WHITE BLOSSOM WAY
TALLAHASSEE, FL 32309 US

FEI Number: 35-2333436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERS, CHARLES O
9167 SHOAL CREEK DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

PAYNE, WILLIAM M
9265 WHITE BLOSSOM WAY
TALLAHASSEE, FL 32309 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: WILLIAM M. PAYNE

06/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PETERS, CHARLES O
Address: 9167 SHOAL CREEK DR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PAYNE, LYNDIA C
Address: 9265 WHITE BLOSSOM WAY
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: MGR () Change (X) Addition
Name: PAYNE, WILLIAM M
Address: 9265 WHITE BLOSSOM WAY
City-St-Zip: TALLAHASSEE, FL 32308 US

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: WILLIAM M. PAYNE

MGR

06/10/2009

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