

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90436 001 \*\*\*\*50.00

DOCUMENT # L99000000167

1. Entity Name

WINDGATE SHOPPES, L.C.



Principal Place of Business

701 BRICKELL AVENUE, SUITE 1400  
MIAMI FL 33131-2822

Mailing Address

701 BRICKELL AVENUE, SUITE 1400  
MIAMI FL 33131-2822

24022550



MOORE CR2E083 (11/03)

2. Principal Place of Business

703 Waterford Way

3. Mailing Address

703 Waterford Way

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-0897081

Applied For

Not Applicable

Zip

33126

Country

Zip

33126

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PITTS, W. DOUGLAS  
701 BRICKELL AVENUE, SUITE 1400  
MIAMI FL 33131-2822

7. Name and Address of New Registered Agent

Name

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

703 Waterford Way

Suite 800

City

Miami

FL

Zip Code 33126

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME CONROY APOPKA ASSOCIATES, LTD.  
STREET ADDRESS 701 BRICKELL AVENUE, SUITE 1400  
CITY-ST-ZIP MIAMI FL 33131-2822

TITLE MGR ☐ Delete  
NAME WINDERMERE PROPERTY DEVELOPMENT, INC.  
STREET ADDRESS 6100 DEACON DRIVE  
CITY-ST-ZIP WINDERMERE FL 34786

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 703 Waterford Way, Suite 800  
CITY-ST-ZIP Miami, FL 33126

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS ~~703 Waterford Way, Suite 800~~  
CITY-ST-ZIP ~~Miami, FL 33126~~

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/3/04

305-261-4330

Daytime Phone #