

1. Entity Name **WINDSTONE DEVELOPMENT INTERNATIONAL, L.C.**

3273 MUIRFIELD
FT LAUDERDALE FL 33322

3273 MUIRFIELD
FT LAUDERDALE FL 33322

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip
33332

Country

Zip
33332

Country

6. Name and Address of Current Registered Agent

WILLIS, HOWARD
3273 MUIRFIELD
FT LAUDERDALE FL 33322

Name _____

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

City

FL

Zip Code
23332

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.

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 Department of State

9. **MANAGING MEMBERS / MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WILLIS, HOWARD	
STREET ADDRESS	3273 MUIRFIELD	
CITY-ST-ZIP	FT LAUDERDALE FL 33322	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ZIP	

10.	ADDITIONS/CHANGES
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TITLE	4000003501714-0	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	-12/15/00--01005--001		
STREET ADDRESS	*****50.00	*****50.00	
CITY-ST-ZIP			

TITLE	4000003501714-0	<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	-12/15/00--01006--002		
STREET ADDRESS	*****5.00	*****5.00	
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add/for
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: