

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001785

FILED
Apr 04, 2005
Secretary of State

Entity Name: WINDSTONE DEVELOPMENT INTERNATIONAL, L.C.

Current Principal Place of Business:

2067 WINDWARD CIR.
WESTON, FL 33326

New Principal Place of Business:

2067 WINDWARD CIR.
SUITE 200
WESTON, FL 33326

Current Mailing Address:

2067 WINDWARD CIR.
WESTON, FL 33326

New Mailing Address:

2067 WINDWARD CIR.
SUITE 200
WESTON, FL 33326

FEI Number: 65-0907617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIS, HOWARD
2067 WINDWARD CIRCLE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

WILLIS, HOWARD J
2067 WINDWARD CIRCLE
WESTON, FL 33326 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: HOWARD WILLIS

04/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WILLIS, HOWARD J
Address: 318 INDIAN TRACE, SUITE 136
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: WILLIS, ALLEGRA
Address: 318 INDIAN TRACE, SUITE 136
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIS, HOWARD J
Address: 2067 WINDWARD CIRCLE
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HOWARD WILLIS

MGR

04/04/2005

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