2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

Gity-&-State==

Zip

DOCUMENT # L9900003964

Entity Name

Suite, Apt. #, etc.

City & State

Zip

WINDMILL PROPERTIES L.L.C.



Principal Place of Business

12714 WEST SUNRISE BLVD..PMB 430
SUNRISE FL 33323
PMB 154
FT. LAUDERDALE FL 33326

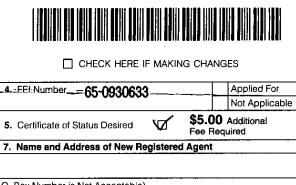
2. Principal Place of Business
3. Mailing Address

6. Name and Address of Current Registered Agent

FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90029 032 ****55.00

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SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134

Country

7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City	FL	Zip Code			
		100 101 1 1			

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.

Country

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, 2003

_ 	WAINAGING MEMBERS/MANAGERS		io. Additions/Changes	
TITLE	MGR Delete	TITLE	☐ Change ☐ Addition	
NAME	avney, mayaa	NAME	·	
STREET ADDRESS	1112 WESTON RD.	STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33326	CITY-ST-ZIP		
TITLE	MGR Delete	TITLE	☐ Change ☐ Addition	
NAME	AVNEY, ELAN	NAME		
STREET ADDRESS	1112 WESTON RD.	STREET ADDRESS	The second of th	
CITY-ST-ZIP	FT LAUDERDALE FL 33326	CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		NAME	,	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
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NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME		NAME		
STREET ADDRESS	•	STREET ADDRESS		
CITY-ST-ZIP		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.

OR AUTHORIZED REPRESENTATIVE

SIGNATURE

Sick/Ture required

112803