FROM : WINDSOR BANYAN INSTITUTE FAX NO. : 19544367877 Mar. 05 2002 11:44AM P3

L99000008854

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR - 5 AM 10:58

DOCUMENT # L99000008854

1. Entity Name

WINDSOR-BANYAN INSTITUTE, LLC

Principal Place of Business	Mailing Address
2717 DOLPHIN DRIVE MIRAMAR FL 33025	3300 ROSEMONT, SUITE 210 MONTREAL QUEBEC H1X 1K2 QC

02/11/02 90051 011 #205.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1046520 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 943 ALMERIA AVENUE CORAL GABLES FL 33134	Name Smith William Street Address (P.O. Box Number is Not Acceptable) 3300 ROSEMONT 2717 Dolphin MTL QC Miramar City H1X 1K2 FL Zip Code 33025

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 Wm Smith 2/5 (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/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DR. WILLIAM SMITH 911 EAST 54TH STREET BROOKLYN NY 11234 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DR. J. WARREN PROPHETE 3300 ROSEMONT SUITE 210 MONTREAL QUEBEC H1X 1K2 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DR. BERRY JOCELYN 911 EAST 54TH STREET BROOKLYN NY 11234 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM AUBIN-CARET MARIQUILANGE 3300 ROSEMONT SUITE 210 MONTREAL QUEBEC H1X 1K2 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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] 2/0/02 (514) 727-[illegible]277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #