## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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M02000000770

1. Entity Name

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

Metra Windsor Tower GP, LLC



## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		7 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
7700 Congress Avenue		same					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
Suite 3106							
City & State		City & State		4. FEI Number		Applied For	
Boca Raton, Florida				75-3017085		Not Applicabl	
Zip	Country	Zip	Country	5. Certificate of Status Desired	5.00 A	dditional	
33487	USA .			5. Certificate of Status Desired	ee Requi	ired	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent					
Name					
Corporation Service Company					
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					

03 MN 30 PM 2: 43

FL Zip Code

		Tarranassec		32301	
8.	The above named entity submits this statement for the purpose of changing its registere	ed office or registered agent, or both, in t	he State of Florida. I am famil	iar with, and accept	
	the obligations of registered agent.				

		Make Check Payable	to Florida De E BY MAY 1	partment of State		
9.	MANAGING MEMBERS	/MANAGERS				
TITLE MANE NAME STREET ADDRESS CITY-ST-ZIP	7700 Congress Avenue, Suite 3106 Boca Raton, Florida 33487		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300021193753		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ma	TC CC	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE		
TITLE			TITLE			

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 d to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

ACCOUNT NO. : 07210000032

REFERENCE : 150329

AUTHORIZATION

COST LIMIT

ORDER DATE: June 27, 2003

ORDER TIME: 9:37 AM

ORDER NO. : 150329-005

CUSTOMER NO: 4373439

CUSTOMER: Felicia Renee Durkin

Akin, Gump, Strauss, Hauer &

19th Floor

590 Madison Avenue New York, NY 10022

ANNUAL REPORT FILING

NAME:

METRA WINDSOR TOWER GP, LLC

XX ANNUAL REP	ORT					
PLEASE RETURN TH	E FOLLOWING A	S PROOF C	F FILING:	77 0 0	03	ALEX 27 PK
CERTIFIE XX PLAIN ST XX CERTIFIC	TLVIIVSSE	JUN 30				
CONTACT PERSON:	Susie Knight	- Ext. 1	156	RPORAT E. FLOR	10 HA	
		EXAMINER	'S INITIALS:	중로	30	- Contraction