2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000002491

1. Entity Name
WINDSOR SENIOR SERVICES LLC

Principal Place of Business	Mailing Address
345 N. RIVERVIEW, STE. 610 WICHITA, KS 67203	345 N. RIVERVIEW, STE. 610 WICHITA, KS 67203

DO NOT WRITE IN THIS SPACE

04232004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
03-0425250	Not Applicable

5. Certificate of Status Desired   ☒   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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

SIGNATURE _____

Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U00000145630
05/03/04-80033-024 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BUCHANAN, TIM
STREET ADDRESS	345 N. RIVERVIEW, STE. 610
CITY-ST-ZIP	WICHITA, KS 67203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/22/04   316-616-6277

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