

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006796

Entity Name: WINDWOOD, LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

435 HUDSON STREET 2ND FLOOR
C/O JEFFERSON NATIONAL
NEW YORK, NY 10014

New Principal Place of Business:

Current Mailing Address:

435 HUDSON STREET 2ND FLOOR
C/O JEFFERSON NATIONAL
NEW YORK, NY 10014

New Mailing Address:

FEI Number: 20-4023333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUNCH, LLC
1000 VENETIAN WAY
APT. 608
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: D. AARON, LLC,
Address: 435 HUDSON STREET, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10014

Title: MGR () Delete
Name: SMILOW, DAVID
Address: 435 HUDSON STREET, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10014

Title: MGR () Delete
Name: TEICH, MICHAEL
Address: 435 HUDSON STREET, 2ND FLOOR
City-St-Zip: NEW YORK, NY 10014

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL TEICH

MGR

01/06/2009

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