FILED
Mar 14, 2008 8:00 am
Secretary of State

1/1 01-14-2008 90050 003 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

30002195

01032008 Chg-LLC CR2E083 (12/06)

DOCUMENT # M07000004604

1. Entity Name
RGN-WINDERLEY, LLC

Principal Place of Business
555 WINDERLEY PLACE, SUITE 300
MAITLAND, FL 32751

Mailing Address
555 WINDERLEY PLACE, SUITE 300
MAITLAND, FL 32751

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
15305 Dallas Parkway	15305 Dallas Parkway
Suite, Apt. #, etc.: 1400	Suite, Apt. #, etc.: Suite 1400
City & State: Addison, TX	City & State: Addison, TX
Zip: 75001 Country:	Zip: 75001 Country:

4. FEI Number: 33-1175830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DE JESUS, MARILYN 555 WINDERLEY PLACE, SUITE 300 MAITLAND, FL 32751 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Regus Corporation 15305 Dallas Parkway, Ste. 1400 Addison, TX 75001 ☐ 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
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] Jan 14, 2008 972-361-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #