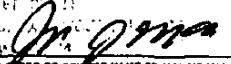


FILED
Mar 14, 2008 8:00 am
Secretary of State

1/1

01-14-2008 90050 003 ***138.75

2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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 # 15305 Dallas Parkway Suite, Apt. #, etc. 1400 City & State Addison, TX Zip 75001 Country		3. Mailing Address 15305 Dallas Parkway Suite, Apt. #, etc. Suite 1400 City & State Addison, TX Zip 75001 Country	
01032008 Chg-LLC CRZE083 (12/06)		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 Name/Address)			
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	
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: 		DATE: 12-26-07 9:12:34 PM	