2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # M9900000354 1. Entity Name WINDSONG MANAGEMENT, L.L.C.					FILED OI MAY - 7 PM 3: 10			
Principal Place of Business 14700 VILLAGE SQUARE PLACE MIDLOTHIAN VA 23112		Mailing Address 14700 VILLAGE SQUARE PLACE MIDLOTHIAN VA 23112			SECRETAR TALLAHASS	Y OF STATE EE, FLORID,	4	
2. Principal P	lace of Business	3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4 FFI Number				
Zip Country		Zip Country			5 Certificate	54-1933403 of Status Desired	\$5.00	Not Applicable Additional
	6. Name and Address of Current R	egletered Agent			<u> </u>		Fee Rec	puired
	o. Hame and Address of Carrent I	egistered Agent	Name		7. Name and	Address of New Re	gistered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET			Street	Address (I	dress (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525			City				E Zip	Code
The above named entity submits this statement for the purpose of changing its registered office or registered.						th, in the State of Flori	<u> </u>	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
		ļ,	W!!! FEE IS	\$50.00				
9.	MANAGING MEMBER	RS/MEMBERS	10.			ADDITIONS/C	HANGES	
TITLE 2 NAME STREET ADDRESS CITY-ST-ZIP	MGRM ' ARROWSMITH, ROGER S 1880 EAGLE HARBOR PARKWAY ORANGE PARK FL 32073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1800	Vanan B Eagle Tancel	ensie Harbor P ark, FL	Char Parkway 32073	nge CAddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FENCHUK, GARY 14700 VILLAGE SQUARE PLACE MIDLOTHIAN VA 23112	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Porus	ell, Fr		Char	, ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARSON, KATHRYN 14700 VILLAGE SQUARE PLACE MIDLOTHIAN VA 23112	□ Delete	TITLE NAME STREET ADDRESS C/TY-ST-ZIP		:	300004	:/010108!	234
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEEN, ALLEN 1031 WEST MORSE BLVD., STE. 3 WINTER PARK FL 32789	□ Delete 125	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Char	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUBIS, BEN 1800 EAGLE HARBOR PARKWAY ORANGE PARK FL 32073	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dub 1800 Dra	is Beve Eagle nge Pa	erly Harbor lo ark, FL	Machan 21 Kway 37073	ge 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST# ZIP	MGR KOLAR, RON 1800 EAGLE HARBOR PARKWAY ORANGE PARK FL 32073	CJ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		☐ Chan	•
incurcated:	ertify that the information supplied with the on this report is true and accurate and the company or the receiver or trustee as	iat my signature shall have the	e same legal ett	ect as if m	ade under oath	· that I am a managin	urther certify that the grant or man	ne information ager of the