


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000025843

1. Entity Name
WINDOM & MARTIN ENTERPRISES, LLC



| | |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Principal Place of Business 100 MADRID BLVD., SUITE 414 PUNTA GORDA, FL 33590 | Mailing Address 100 MADRID BLVD., SUITE 414 PUNTA GORDA, FL 33590 |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|



03072006No Chg-LLC CR2E083 (11/05)

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| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 55-0805718 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**LANIGAN, DAVID C
 10927 NORTH 56TH STREET
 TAMPA, FL 33617-3000**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00
 Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------------------------|-------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WINDOM, JON 100 MADRID BLVD., SUITE 414 PUNTA GORDA, FL 33590 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MARTIN, JEREMY 100 MADRID BLVD., SUITE 414 PUNTA GORDA, FL 33590 |
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 03/20/06-80054-008 50.00

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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: X J. Windom Date: 3/7/06 Daytime Phone #: 813-575-2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE