

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000003257

1. Entity Name
WESTWIND DEVELOPMENT, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:42

Principal Place of Business
**2840 WEST BAY DRIVE
#267
BELLEAIR BLUFFS, FL 33770**

Mailing Address
**2840 WEST BAY DRIVE
#267
BELLEAIR BLUFFS, FL 33770**

DO NOT WRITE IN THIS SPACE

03292006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3704009

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NASH, THOMAS C II
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHADWICK, JEFFREY
STREET ADDRESS	2840 WEST BAY DRIVE, #267
CITY- ST- ZIP	BELLEAIR BLUFFS, FL 33770
TITLE	MGRM
NAME	BASHAM, ROBERT D
STREET ADDRESS	2202 N. WEST SHORE BLVD, #500
CITY- ST- ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

04/07/06 - 90216-031- \$50.00

**DO NOT WRITE
IN THIS SPACE**

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

3/30/06

Date

813-282-1225

Daytime Phone #