

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90026 005 \*\*\*\*50.00

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<b>DOCUMENT # L01000014179</b> 1. Entity Name <b>LEEWARD PROPERTIES, LLC</b>					
Principal Place of Business 6015 SW HWY 200 SUITE 101 OCALA, FL 34474			Mailing Address P.O. BOX 1476 OCALA, FL 34478		
2. Principal Place of Business <b>3233 SE Maricamp Road</b>		3. Mailing Address Suite, Apt. #, etc. <b>Suite 601</b>			
Suite, Apt. #, etc. <b>Suite 601</b>		Suite, Apt. #, etc. 			
City & State <b>Ocala FL</b>		City & State 			
Zip <b>34471</b>	Country <b>Marion</b>	Zip 	Country 	4. FEI Number <b>59-3740749</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LEEWARD, DIRK J</b> <b>6015 SW HWY 200</b> <b>SUITE 101</b> <b>OCALA, FL 34474</b>			7. Name and Address of New Registered Agent Name 		
			Street Address (P.O. Box Number is Not Acceptable) <b>3233 SE Maricamp Road</b>		
			Suite 601		
			City <b>Ocala</b> <b>FL</b> Zip Code <b>34471</b>		
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 BY: <b>Dirk J. Leeward</b> <i>mjr</i> <span style="float: right;"><b>4/13/05</b></span>					
<small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to:</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRP</b> <b>LEEWARD, DIRK J</b> <b>P.O. BOX 1476</b> <b>OCALA, FL 34478</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 BY: <b>Dirk J. Leeward</b> <i>mjr</i> <span style="float: right;"><b>4/13/05</b></span>					
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					