


**- 2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90022 023 ****50.00

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| DOCUMENT # L02000009890 1. Entity Name WESTWIND-CORKSCREW MINING, L.L.C. |  |
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| Principal Place of Business 4099 TAMiami TRAIL NORTH, SUITE 305 NAPLES, FL 34103 | Mailing Address 4099 TAMiami TRAIL NORTH, SUITE 305 NAPLES, FL 34103 |
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DO NOT WRITE IN THIS SPACE



03012005No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 68-0502392 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent FITZGERALD, WILLIAM E 4099 TAMiami TRAIL NORTH, SUITE 305 NAPLES, FL 34103 |
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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.


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|--|------------|
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CANDLER, ASA 4099 TAMiami TRAIL NORTH, SUITE 305 NAPLES, FL 34103 |
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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.

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|---|------|-----------------|
| SIGNATURE:  4-22-05 239-262-3035 | Date | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | | |