

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016510

FILED
Apr 17, 2007
Secretary of State

Entity Name: WINDSWEPT ADVENTURES LLC

Current Principal Place of Business:

1625 RED CEDAR DRIVE
APT. # 8
FT. MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

1625 RED CEDAR DRIVE
APT. # 8
FT. MYERS, FL 33907 US

New Mailing Address:

FEI Number: 81-0560508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINGER, ROBERT E SR.
1625 RED CEDAR DRIVE
APT. # 8
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WINGER, ROBERT E SR.
Address: 1625 RED CEDAR DRIVE, APT. #8
City-St-Zip: FT. MYERS, FL 33907 US

Title: MGR () Delete
Name: WINGER, ANNE F
Address: 1625 RED CEDAR DRIVE, APT. #8
City-St-Zip: FT. MYERS, FL 33907 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT E WINGER SR.

MGR

04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date