2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024769

Address:

City-St-Zip:

3440 HOLLYWOOD BLVD. SUITE 360

HOLLYWOOD, FL 33021

Entity Name: SOUTHERN WINDS DEVELOPMENT, L.L.C.

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business: 301 E OCEAN BLVD 130 STUART, FL 34994			New Principal Place of Business: 335 SE OCEAN BLVD STUART, FL 34994	
301 E OCEAN BLVD 130 STUART, FL 34994			335 SE OCEAN BLVD STUART, FL 34994	
FEI Number	: 27-0031421	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
3440 HOL HOLLYW	OOD, FL 3302	/D. SUITE 360 21 US	ourpose of changing its regis	tered office or registered agent, or bot
	e of Florida. ´	·		G G ,
SIGNATU	RE:			
Electronic Signature of Registered Age			ent Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	UNTROIB, PA	OOD BLVD. SUITE 360	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PETSCHEK, G	OOD BLVD. SUITE 360	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	FINKELBERG,	OOD BLVD. SUITE 360	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM (FINKELBERG,) Delete CHRISTIAN	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: PABLO UNTROIB MGRM 04/21/2006