2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007 8:00 am
Secretary of State
08-10-2007 90015 032 ****50.00

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1. Entity Name
WESTWIND ESTATES, L.L.C.

30012523

Principal Place of Business	Mailing Address
324 NW LUNA LOOP LAKE CITY, FL 32055	324 NW LUNA LOOP LAKE CITY, FL 32055

07302007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 42-1585940 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT, JOHN L 324 NW LUNA LOOP LAKE CITY, FL 32055	Name: ELAINE SCOTT Street Address (P.O. Box Number is Not Acceptable): 324 NW LUNA LOOP City: LAKE CITY FL Zip Code: 32055

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: Elaine Scott 8/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCOTT, JOHN L 324 NW LUNA LOOP LAKE CITY, FL 32055	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	deceased 12/21/07	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCOTT, ELAINE V 324 NORTHWEST LONE LOOP LAKE CITY, FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER REGISTERED AGENT 324 NW LUNA LOOP LAKE CITY FL 32055	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SCOTT, DARYL W ROUTE 17 BOX 830 LAKE CITY, FL 32055	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	manager 324 NW LUNA LOOP LAKE CITY, FL 32055	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Elaine Scott ELAINE SCOTT 8/8/07 352 365-2233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #