

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90291 005 ****50.00

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01122005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000010000 1. Entity Name SINGING WIND, LLC					
Principal Place of Business 5652 EICHEN CIRCLE FT MYERS, FL 33919			Mailing Address 5652 EICHEN CIRCLE FT MYERS, FL 33919		
2. Principal Place of Business 3949 EVANS AVENUE Suite, Apt. #, etc. 205		3. Mailing Address 3949 EVANS AVE Suite, Apt. #, etc. 205			
City & State FORT MYERS FL		City & State FORT MYERS FL		4. FEI Number 61-1445649	
Zip 33901		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SENERAT, VASANTA CPA 5652 EICHEN CIRCLE FT MYERS, FL 33919				7. Name and Address of New Registered Agent Name VASANTA SENERAT Street Address (P.O. Box Number is Not Acceptable) 3949 EVANS AVENUE # 205 City FORT MYERS FL Zip Code 33901	
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 DATE 1/13/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SENERAT, VASANTA 5652 EICHEN CIRCLE FT MYERS, FL 33919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	3949 EVANS AVE #205 FT MYERS FL 33901 <input checked="" 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:			DATE 1/15/05 DAYTIME PHONE # 239-418-0008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					