

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000018882**

**1. Entity Name**

**WINDWARD PALMS PROPERTIES, L.L.C.**



**Principal Place of Business**

**6706 WINDWARD PALMS COURT  
LAKE WALES, FL 33898**

**Mailing Address**

**6706 WINDWARD PALMS COURT  
LAKE WALES, FL 33898**



**01122006No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**37-1469792**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**EDGINGTON, CHARLES  
6706 WINDWARD PALMS COURT  
LAKE WALES, FL 33898**

**DO NOT WRITE  
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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

**DATE**

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

|                       |                                |
|-----------------------|--------------------------------|
| <b>TITLE</b>          | <b>P</b>                       |
| <b>NAME</b>           | <b>EDGINGTON, CHARLES</b>      |
| <b>STREET ADDRESS</b> | <b>6706 WINDWARD PALMS CT.</b> |
| <b>CITY-ST-ZIP</b>    | <b>LAKE WALES, FL 33898</b>    |
| <b>TITLE</b>          | <b>S</b>                       |
| <b>NAME</b>           | <b>HEGLAND, DALE</b>           |
| <b>STREET ADDRESS</b> | <b>6700 WINDWARD PALMS CT</b>  |
| <b>CITY-ST-ZIP</b>    | <b>LAKE WALES, FL 33898</b>    |
| <b>TITLE</b>          | <b>T</b>                       |
| <b>NAME</b>           | <b>REID, DAVID</b>             |
| <b>STREET ADDRESS</b> | <b>891 SOUTHSIDE</b>           |
| <b>CITY-ST-ZIP</b>    | <b>CHERRY CREEK, NY 14723</b>  |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |

**U00000388983  
01/20/06-80026-021 50.00**

**DO NOT WRITE  
IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**David Reid David C. Reid 1-13-06 863-438-1132**