


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000018882 1. Entity Name WINDWARD PALMS PROPERTIES, L.L.C.	
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Principal Place of Business 6706 WINDWARD PALMS COURT LAKE WALES, FL 33898	Mailing Address 6706 WINDWARD PALMS COURT LAKE WALES, FL 33898
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 37-1469792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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 reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000638311
02/27/07-80025-009 50.00

9. MANAGING MEMBERS/MANAGERS

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

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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: *David Reid* **David C. Reid** 2-13-07 863-439-1132
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #