2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005
Secretary of State

DOCUMENT# L03000025565

Entity Name: LEEWARD HOMES LLC

Current Principal Place of Business:

6698 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

8452 S. US HIGHWAY 1
PORT ST. LUCIE, FL 34952 US

Current Mailing Address:

P.O. BOX 7696
PORT ST. LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 16-1677678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNYDER, WARD I
16 HERON'S NEST
STUART, FL 34996 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	SNYDER, WARD I TRUSTEE	
Address:	16 HERON'S NEST	
City-St-Zip:	STUART, FL 34996	
Title:	MGRM	( ) Delete
Name:	DEBELLIS, VICTOR	
Address:	176 PATRICK MILL CIRCLE	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	MGRM	( ) Delete
Name:	TUSSING, MARK A	
Address:	311 SW BUZBY COURT	
City-St-Zip:	PORT ST. LUCIE, FL 34953	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: WARD I SNYDER MGRM 03/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date