


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000033070

1. Entity Name
EWS PROPERTIES, LLC



Principal Place of Business Mailing Address

4141 S. ATLANTIC AVENUE STE. 509 4141 S. ATLANTIC AVENUE STE. 509
NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169

DO NOT WRITE IN THIS SPACE



01132005 No Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
51-0482867 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEIDE, BARBRA
4141 S. ATLANTIC AVENUE STE. 509
NEW SMYRNA BEACH, FL 32169

**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 _____ (NOTE, Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEIDE, BARBRA 4141 S. ATLANTIC AVENUE STE. 509 NEW SMYRNA BEACH, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAPIERRE, MARY J 269 VENTURA STREET LUDLOW, MA 01056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAPIERRE, MICHAEL J 269 VENTURA STREET LUDLOW, MA 01056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/27/05-80137-008 50.00

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IN THIS SPACE**

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: Barbra Weide BARBRA WEIDE 4/25/05 386-478-3946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/Time Phone #