

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90016 044 ****50.00

DOCUMENT # L03000033070

1. Entity Name
EWS PROPERTIES, LLC



Principal Place of Business
**4141 S. ATLANTIC AVENUE STE. 509
NEW SMYRNA BEACH, FL 32169**

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

DO NOT WRITE IN THIS SPACE



02022006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
51-0482867

Applied For
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 obligation of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

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: *Barbra Weide* **BARBRA WEIDE**

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

4/24/06
Date

386-438-3946
Daytime Phone #