


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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

<b>DOCUMENT # L03000033070</b>	
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
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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 <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 \_\_\_\_\_

**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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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**      Date 4/24/06      Daytime Phone # 386-438-3946

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