


**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90181 004 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # L03000033070 1. Entity Name EWS PROPERTIES, LLC	
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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**



03092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0482867	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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)

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

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	

**DO NOT WRITE  
 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 Managing Partner* 4/04/07 386-458-3946  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #