


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

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



01082008 No Chg-LLC CR2E083 (12/07)

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 reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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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 04/30/08-80045-022 138.75

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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 Bellotti Date: 4/12/08 Daytime Phone #: 386-486-1395

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

BARBRA WEIDE BELLOTTI