


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000043701</b> 1. Entity Name <b>SEAWIND PROPERITES, LLC</b>	
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Principal Place of Business <b>1812 HARBOUR CIRCLE CAPE CORAL, FL 33914 US</b>	Mailing Address <b>1812 HARBOUR CIRCLE CAPE CORAL, FL 33914 US</b>
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01042006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0392248</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SPEE, ROBERT 1812 HARBOUR CIRCLE CAPE CORAL, FL 33914</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE


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

000000379947  
01/10/06-80041-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SPEE, ROBERT A 1812 HARBOUR CIRCLE CAPE CORAL, FL 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALBURT, PAUL 5060 KEY LARGO DRIVE PUNTA GORDA, FL 33950
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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 60B, Florida Statutes.

**SIGNATURE:**  **Robert A. Spee** **1/4/06 239-541-0753**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #