

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017587

FILED
Feb 11, 2011
Secretary of State

Entity Name: COOL WINDS PROPERTIES, LLC

Current Principal Place of Business:

281 SNOWDRIFT RD
MIRAMAR BEACH, FL 32550

New Principal Place of Business:

Current Mailing Address:

281 SNOWDRIFT RD
MIRAMAR BEACH, FL 32550

New Mailing Address:

FEI Number: 20-0845403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHEYD, JOSEPH M JR
1221 AIRPORT ROAD, SUITE 209
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WAYNE FARRIS MCOOL LIVING TRUST
Address: PO BOX 2547
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGRM
Name: CHARLES K WINDES JR REVOCABLE TRUST
Address: PO BOX 623
City-St-Zip: DESTIN, FL 32540

Title: MGRM
Name: MARY ANNE WINDES REVOCABLE TRUST
Address: PO BOX 623
City-St-Zip: DESTIN, FL 32540

Title: MGR
Name: MCCOOL, WAYNE
Address: 119 SNOWDRIFT RD
City-St-Zip: DESTIN, FL 32550

Title: MGR
Name: WINDES, CHARLES K JR
Address: 787 SPRING LAKE DR
City-St-Zip: DESTIN, FL 32541

Title: MGR
Name: WINDES, MARY ANNE
Address: 787 SPRING LAKE DR
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: WAYNE F. MCCOOL TTEE

MGR

02/11/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date