

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90021 033 \*\*\*138.75

**60038268**



04092008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000026390</b> 1. Entity Name WINDES FAMILY ENTERPRISES, LLC					
Principal Place of Business 331 STAHLMAN AVENUE DESTIN, FL 32541			Mailing Address 331 STAHLMAN AVENUE DESTIN, FL 32541		
2. Principal Place of Business - No P.O. Box # 111 Tang-o-mar Dr		3. Mailing Address 111 Tang-o-mar Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miramar Beach, FL		City & State Miramar Beach, FL		4. FEI Number 20-0424499	
Zip 32550		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  HAVENS, JASON E 1223 AIRPORT ROAD 101 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name Jason E. Havens Street Address (P.O. Box Number is Not Acceptable) 4400 Hwy 20 Suite 211 City Niceville FL Zip Code 32578		
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 _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINDES, DAVID E 331 STAHLMAN AVENUE DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	111 Tang-o-mar Drive Miramar Beh., FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINDES, MYLINDA R 331 STAHLMAN AVENUE DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	111 Tang-o-mar Dr. Miramar Beh., FL 32550	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					