

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052917

FILED  
Apr 15, 2008  
Secretary of State

Entity Name: WESTWIND HOLDING COMPANY, LLC

**Current Principal Place of Business:**

6407 PARKLAND DR  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

6407 PARKLAND DR  
SARASOTA, FL 34243

**New Mailing Address:**

FEI Number: 33-1096543

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORLEY, MICHAEL P  
6407 PARKLAND DR  
SARASOTA, FL 34243 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: CEO ( ) Delete  
Name: HERRIG, STEVE F  
Address: 6407 PARKLAND DR  
City-St-Zip: SARASOTA, FL 34243

Title: PRES ( ) Delete  
Name: CORLEY, MICHAEL  
Address: 6407 PARKLAND DR  
City-St-Zip: SARASOTA, FL 34243

Title: CFO ( ) Delete  
Name: MARTIN, H. RAYBURN  
Address: 6407 PARKLAND DR  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: H RAYBURN MARTIN

CFO

04/15/2008

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