

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90043 047 ****50.00

DOCUMENT # L04000069751					
1. Entity Name WINDSWEEP BUILDERS LLC					
Principal Place of Business 19 CLUB HOUSE DR. FREEPORT, FL 32439			Mailing Address P.O. BOX 98 FREEPORT, FL 32439		
2. Principal Place of Business Suite, Apt. #, etc. <i>19 Club House Dr.</i>		3. Mailing Address Suite, Apt. #, etc. <i>P.O. Box 1121</i>			
City & State <i>Freeport, FL 32439</i>		City & State <i>Freeport, FL</i>		4. FEI Number <i>61-1477531</i>	
Zip <i>32439</i> Country <i>USA</i>		Zip <i>32439</i> Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPOSANO, BETSY 256 BAY AVENUE DEFUNIAK SPRINGS, FL 32435			7. Name and Address of New Registered Agent Name <i>Mark D. HAYHURST</i> Street Address (P.O. Box Number is Not Acceptable) <i>370 W. Club House Dr.</i> City <i>Freeport</i> FL <i>32439</i>		
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 <i>Mark D. Hayhurst</i> <i>Mark D. Hayhurst</i> <i>4-20-05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARMAN, JAMES C 717 COUNTRY CLUB DR. DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>SAME</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, DANIEL P P.O. BOX 98 FREEPORT, FL 32439	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, DANIEL P. 370 W. CLUB HOUSE DR. FREEPORT, FL 32439
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAYHURST, MARK D P.O. BOX 98 FREEPORT, FL 32439	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAYHURST, MARK D. 370 W. CLUB HOUSE DR. FREEPORT, FL 32439
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 exemption stated in Section 119.07(3)(i), 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: <i>Daniel P. Smith</i>				<i>4-20-05</i> <i>850.835.1362</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	