


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90201 050 ****55.00

DOCUMENT # L04000069751 1. Entity Name WINDSWEPT BUILDERS LLC					
Principal Place of Business 19 CLUB HOUSE DR. FREEPORT, FL 32439			Mailing Address P.O. BOX 1121 FREEPORT, FL 32439		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 61-1477531	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MAYHURST, MARK D 370 W CLUB HOUSE DR FREEPORT, FL 32439				7. Name and Address of New Registered Agent Name HAYHURST Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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> DATE 3/3/06 <small>(NOTE: Registered Agent signature required when relinquishing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			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	MGRM SMITH, DANIEL P 370 W CLUB HOUSE DR 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	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Smith, Daniel P. 2637 Cedar Falls Wy Sevierville TN 37862	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYHURST, MARK D 370 W CLUB HOUSE DR FREEPORT, FL 32439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Smith, Daniel P. 2637 Cedar Falls Wy Sevierville TN 37862	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAYHURST, MARK D 370 W CLUB HOUSE DR FREEPORT, FL 32439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Smith, Daniel P. 2637 Cedar Falls Wy Sevierville TN 37862	<input checked="" 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.					
SIGNATURE: <i>Mark D. Hayhurst</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR AUTHORIZED REPRESENTATIVE</small>			Date 3/3/06 Daytime Phone # 850-835-4893		