2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 06, 2006 08:00 AM DOCUMENT # L04000079720 **Secretary of State** 1. Entity Name EAST WIND PROPERTIES, LLC Principal Place of Business Mailing Address 1767 PARK TERRACE WEST 1767 PARK TERRACE WEST ATLANTIC BEACH FL 32223 ATLANTIC BEACH FL 32223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 57-1215802 Not Applicab! \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fae Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name RYAN, WILLIAM B JR. Street Address (P.O. Box Number is Not Acceptable) C/O RYAN AND MARKS ATTORNEYS, LLP 3000-8 HARTLEY ROAD JACKSONVILLE FL 32257 City 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 accepthe obligations of registered agent. Seguators, typed or protect name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGR Detete TITLE Change 🔲 Aជីជីវិប័ត U00000456140 NARUSAS, VICTOR J MGR MAME NAME 03/16/06-80016-019 50.00 STREET ADDRESS STREET ADDRESS 1767 PARK TERRACE WEST CITY-ST-ZIP CITY-ST-ZIP ATLANTIC BEACH FL 32233 ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP C/TY-ST-202 Delete ☐ Change TI AGO TITS F 3133 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addii-NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY - ST-ZIP TITLE Delete HILE ☐ Change T Verie NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED