


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000084040 1. Entity Name EWS, LLC	
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Principal Place of Business 313 OTTER RUN DRIVE FERNANDINA BEACH, FL 32034	Mailing Address PO BOX 818 YULEE, FL 32097
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DO NOT WRITE IN THIS SPACE



04062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1897020	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROUSSARD, SEWARD L
313 OTTER RUN DRIVE
FERNANDINA BEACH, FL 32034

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

U00000510334^M
04/29/06-80002-016 150.00^M

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROUSSARD, SEWARD L MGR 313 OTTER RUN DR FERNANDINA BEACH, FL 32034
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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: Seward L. Broussard **11 APR 2006 904-261-4698**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #