2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015591

2 FAIRPOINT PLACE

City-St-Zip: GULF BREEZE, FL 32561

Address:

Entity Name: LEEWARD REAL ESTATE LLC

FILED Feb 22, 2007 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|--------------------------------|---|--|
| 2 FAIRPO | INT PLACE EEZE, FL 32561 | | · | |
| Current Mailing Address: | | | New Mailing Address: | |
| | INT PLACE EEZE, FL 32561 | | | |
| FEI Number | : | FEI Number Applied For() | FEI Number Not Applicable (X) | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | |
| 2 FAIRPO | S, THOMAS G INT PLACE EEZE, FL 32561 | US | | |
| | e named entity sub e of Florida. | omits this statement for the p | ourpose of changing its registere | d office or registered agent, or both, |
| SIGNATU | RE: | | | |
| | Electronic | Signature of Registered Age | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGRM () De FOLKERS, THOM/ 2 FAIRPOINT PLA GULF BREEZE, FI | AS G CE | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | MGRM () De | | Title: Name: | () Change () Addition |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SPARKIE FOLKERS MGRM 02/22/2007