

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023083

FILED  
Apr 07, 2006  
Secretary of State

Entity Name: PRAIRIE WIND, LLC

**Current Principal Place of Business:**

928 HARBOUR HOUSE ROAD S.  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

928 HARBOUR HOUSE DRIVE  
INDIAN ROCKS BEACH, FL 33785 US

**Current Mailing Address:**

928 HARBOUR HOUSE ROAD S.  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

928 HARBOUR HOUSE DRIVE  
INDIAN ROCKS BEACH, FL 33785 US

FEI Number: 20-2690368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALDER, LYNNE 777 S.  
777 S. HARBOUR ISLAND BLVD.  
SUITE 128  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

BLOOME, DEBORAH R MGRM  
928 HARBOUR HOUSE DRIVE  
INDIAN ROCKS BEACH, FL 33785 US

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.

SIGNATURE: DEBORAH BLOOME

04/07/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BLOOME, DEBORAH R  
Address: 928 HARBOUR HOUSE ROAD S.  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BLOOME, DEBORAH R  
Address: 928 HARBOUR HOUSE DRIVE  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785 US

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: DEBORAH BLOOME

MGRM

04/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date