

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045268

Entity Name: WINDBLOW HOMES LLC

FILED  
Apr 26, 2006  
Secretary of State

## Current Principal Place of Business:

8900 SW 117 AVENUE  
C - 101  
MIAMI, FL 33186

## Current Mailing Address:

8900 SW 117 AVENUE  
C - 101  
MIAMI, FL 33186

## New Principal Place of Business:

9200 S. DADELAND BLVD  
SUITE 320  
MIAMI, FL 33156

## New Mailing Address:

9200 S. DADELAND BLVD  
SUITE 320  
MIAMI, FL 33156

FEI Number: 20-2797846

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALARCON, ALVARO  
8900 SW 117 AVENUE  
C - 101  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

ALARCON, ALVARO D  
9200 S. DADELAND BLVD  
SUITE 320  
MIAMI, FL 33156 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: ALARCON ALVARO

04/26/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: D ( ) Delete  
Name: ALARCON, ALVARO  
Address: 8900 SW 117 AVENUE # C - 101  
City-St-Zip: MIAMI, FL 33186

Title: D ( ) Delete  
Name: ZUNIGA, JUAN C  
Address: 8900 SW 117 AVENUE # C - 101  
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete  
Name: BARCELO, CARLOS A  
Address: 8900 SW 117 AVENUE # C-101  
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete  
Name: BARCELO, RICARDO J  
Address: 8900 SW 117 AVENUE # C - 101  
City-St-Zip: MIAMI, FL 33186

Title: D (X) Delete  
Name: BARCELO, BORIS E  
Address: 5400 S. UNIVERSITY DRIVE # 401  
City-St-Zip: DAVIE, FL 33328

## ADDITIONS/CHANGES:

Title: D (X) Change ( ) Addition  
Name: ALARCON, ALVARO D  
Address: 9200 S. DADELAND BLVD STE 320  
City-St-Zip: MIAMI, FL 33156

Title: D (X) Change ( ) Addition  
Name: BNB PROJECTZ INC,  
Address: 9200 S. DADELAND BLVD STE 320  
City-St-Zip: MIAMI, FL 33156

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: ALARCON ALVARO

D

04/26/2006

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