

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
2006 NOV -7 PH 5:43

DOCUMENT # L05000046181		
1. Entity Name SOUTHPAW OF WINDERMERE, LLC		

Principal Place of Business 6037 GREATWATER DRIVE WINDERMERE, FL 34786	Mailing Address 6037 GREATWATER DRIVE WINDERMERE, FL 34786
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2. Principal Place of Business 6423 Lake Burden View Dr.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINDERMERE FL	City & State
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Zip 34786	Country USA	Zip	Country
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08142006 Chg-LLC CR2E083 (11/05)

4. FEI Number NIA	☒ Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION COMPANY OF ORLANDO 300 SOUTH ORANGE AVE., SUITE 1000 (DTO) ORLANDO, FL 32801-5403	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Scott Mitchell 6423 Lake Burden View Dr. WINDERMERE, FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	09/01/06-90035-025-#50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT

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: _____ 9-30-06 (407) 423-3200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Daniel T. O'Keefe