

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90259 040 \*\*\*\*50.00

**20019461**



|   |   |                     |   |   |  |
|---|---|---------------------|---|---|--|
| <b>DOCUMENT # L05000050974</b><br>1. Entity Name<br>WIND BY NEO 2713, LLC   |   |                     |   |   |  |
| Principal Place of Business<br>7668 N.W. 116TH AVENUE<br>MIAMI, FL 33178  |   |                     | Mailing Address<br>7668 N.W. 116TH AVENUE<br>MIAMI, FL 33178  |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc. |   |   |  |
| City & State  |   | City & State        |   | 4. FEI Number   |  |
| Zip   |   | Country             |   | 03152006    Chg-LLC    CR2E083 (11/05)  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |   |                     |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent   |   |                     | 7. Name and Address of New Registered Agent   |   |  |
| GARCIA-OLIVER & MAINIERI, P.A.<br>782 N.W. LE JEUNE ROAD, SUITE 447<br>MIAMI, FL 33126  |   |                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |   |  |
| 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 _____   |   |                     |   |   |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>   |   |                     |   | <b>Make check payable to</b><br><b>Florida Department of State</b>              |  |
| 9. MANAGING MEMBERS/MANAGERS  |   |                     | 10. ADDITIONS/CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>SANCHEZ, NELSON<br>7668 N.W. 116TH AVENUE<br>MIAMI, FL 33178 |                     | <input type="checkbox"/> Delete   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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. |   |                     |   |   |  |
| <b>SIGNATURE:</b> <u>Nelson Sanchez</u> <u>03/17/06</u>   |   |                     |   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #  |   |                     |   |   |  |

ATTACHMENT

20019461

#105000050974



DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
P.O. BOX 9003  
HOLTSVILLE NY 11742-9003

X

Date of this notice: 06-09-2005

Employer Identification Number:  
20-2904331

Form: SS-4

Number of this notice: CP 575 B

For assistance you may call us at:  
1-800-829-4933

WIND BY NEO 2713 LLC  
NUNEZ OSWALDO MBR  
7668 NW 116 AVE  
MIAMI FL 33126

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

01583

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an EIN. We assigned you EIN 20-2904331. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label IRS provided. If that isn't possible you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, doing so could cause a delay in processing and may result in incorrect information in your account. Doing so could result in our assigning you more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 1065

04/15/2006

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office or from our web site at [www.irs.gov](http://www.irs.gov).

We assigned you a tax classification (S-Corporation, Partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or superceding revenue procedure for the year at issue.)

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