2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State
06-22-2006 90196 019 ****50.00

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1. Entity Name
CONTRA VIENT Y MAREA, L.L.C.

Principal Place of Business	Mailing Address
1624 SCOTT COURT GULF BREEZE, FL 32563	1624 SCOTT COURT GULF BREEZE, FL 32563

06112006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3088009 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, JOHN S 804 EAST JACKSON STREET PENSACOLA, FL 32501	Name DAVID W. KNUDSEN Street Address (P.O. Box Number is Not Acceptable) 5365 STEWART STREET City MILTON FL Zip Code 32570

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 DAVID W. KNUDSEN 6/14/06
Signature, typed or printed name of registered agent and title if applicable. (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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
		MANAGER DAVID W. KNUDSEN 1904 CYPRESS ST PENSACOLA, FL 32501	
		MANAGER ERIC D. KNUDSEN 1624 SCOTT CT GULF BREEZE, FL 32563	
MANAGER JOHN S. BROWN 804 E. JACKSON ST PEN. FL 32501	☐ Delete		

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: DAVID W. KNUDSEN 6/14/06 850 9811464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #