


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000072575</b>	
1. Entity Name <b>WIND DANCER SAILMAKERS, LLC</b>	

Principal Place of Business <b>4751 SAN JUAN AVENUE SUITE 10 JACKSONVILLE FL 32210 US</b>	Mailing Address <b>4751 SAN JUAN AVENUE SUITE 10 JACKSONVILLE FL 32210 US</b>
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2. Principal Place of Business - No P.O. Box # <b>4751 SAN JUAN AVE</b>	3. Mailing Address <b>4751 SAN JUAN AVE</b>
Suite, Apt. #, etc. <b>Suite 10</b>	Suite, Apt. #, etc. <b>Suite 10</b>
City & State <b>JAX FL</b>	City & State <b>JAX FL</b>
Zip <b>32210</b>	Country <b>Duval</b>

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent <b>WHITE, THOMAS I JR. 1527 HOLLY OAKS LAKE ROAD EAST JACKSONVILLE FL 32225</b>	
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4. FEI Number <b>11-3755276</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 <b>Thomas I. White Jr.</b>	DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, THOMAS I JR. 1527 HOLLY OAKS LAKE ROAD EAST JACKSONVILLE FL 32225	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U000000641306</b> <b>02/28/07-80101-010 50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Section 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: <b>Thomas I. White Jr.</b>	Date <b>2/14/07</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	