2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 05, 2006
Secretary of State

DOCUMENT# L05000077932

Entity Name: WINDSWEPT, LLC

Current Principal Place of Business:

199 COUNTRY CLUB DRIVE
CRESTVIEW, FL 32536 US

New Principal Place of Business:

Current Mailing Address:

199 COUNTRY CLUB DRIVE
CRESTVIEW, FL 32536 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FISKE, MARTA L
1160 SCENIC GULF DRIVE
SUITE B
MIRAMAR BEACH, FL 32550 US

Name and Address of New Registered Agent:

FISKE, MARTA L
42 BUSINESS CENTRE DRIVE
SUITE112
MIRAMAR BEACH, FL 32550 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: _____ 08/05/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: FISKE, JOSEPH C
Address: 199 COUNTRY CLUB DRIVE
City-St-Zip: CRESTVIEW, FL 32536 US

Title: MGRM ( ) Delete
Name: FISKE, MARTA L
Address: 199 COUNTRY CLUB DRIVE
City-St-Zip: CRESTVIEW, FL 32536 US

ADDITIONS/CHANGES:

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: MARTA L. FISKE MGRM 08/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date