## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90073 046 \*\*\*\*50.00

DOCUMENT # L05000078975  1. Entity Name RIVERWIND DEVELOPERS, LLC						05-01-2006 9	900730	40 3	0.00
Principal Place of Business 1300 W EAU GALLIE BLVD MELBOURNE, FL 32935		Mailing Address 1300 W EAU GALLIE BLVD MELBOURNE, FL 32935			20041	•			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State		4. FEI Number 20 -	343177	6	<del> </del>	oplied For ot Applicable	
Zip	Country	Zip	Country	у	<u> </u>	of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent	-	Name	7. Name and	Address of New Re	egistered /	Agent	
SHEIN, DAVID E 1300 W EAU GALLIE BLVD MELBOURNE. FL 32935					P.O. Box Number	r is Not Acceptable	)		<u>.</u>
WILLBOOK	(NE, FE 32933								
				City			FL	Zip Cod	е
	named entity submits this statement folions of registered agent.	the purpose of changing its	registered	d office or register	ed agent, or both	n, in the State of Flo	rida. Iam f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E. Registered A	Agent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006					I				
Fi Di	lling Fee is \$50.00 ue by May 1, 2006						e check pa Departme	ayable to ent of State	8
Fi Di	iling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBE	RS/MANAGERS	10.				Departme	ent of State	6
9.	MANAGING MEMBE	RS/MANAGERS	TITLE			Florida	Departme	ent of State	eAddition
9. TITLE NAME	MANAGING MEMBE MGRM MASONE, ANTHONY		TITLE NAME	ADDRESS		Florida	Departme	ent of State	
9.  TITLE  NAME  STREET ADDRESS	MANAGING MEMBE  MGRM  MASONE, ANTHONY  4275 ALYSSA LANE		TITLE NAME STREET	ADDRESS 1 7/P		Florida	Departme	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM MASONE, ANTHONY 4275 ALYSSA LANE MELBOURNE, FL 32904	☐ Delete	TITLE NAME STREET CITY-S			Florida	Departme	ent of State	☐ Addition
9.  TITLE  NAME  STREET ADDRESS	MANAGING MEMBE  MGRM  MASONE, ANTHONY  4275 ALYSSA LANE		TITLE NAME STREET			Florida	Departme	ent of State	
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE  MGRM  MASONE, ANTHONY  4275 ALYSSA LANE  MELBOURNE, FL 32904  MGRM	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME			Florida	Departme	ent of State	☐ Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE  MGRM  MASONE, ANTHONY  4275 ALYSSA LANE  MELBOURNE, FL 32904  MGRM  HANDA, SUNDEEP	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME	T-ZIP ADDRESS		Florida	Departme	ent of State	☐ Addition
9.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE  MGRM  MASONE, ANTHONY  4275 ALYSSA LANE  MELBOURNE, FL 32904  MGRM  HANDA, SUNDEEP  3850 BEECHGROVE	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	T-ZIP ADDRESS		Florida	Departme	ent of State	☐ Addition
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I hereby certify that the information supplied with this filling 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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE