## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000082211

1. Entity Name

WEST WIND DEVELOPMENT OF PANAMA CITY, LLC



Principal Place of Business

Mailing Address

208 HOOD AVENUE

FORT WALTON BEACH, FL 32548

P.O. BOX 1570 FORT WALTON BEACH, FL 32549

## FILED May 04, 2007 8:00 am Secretary of State

05-04-2007 90307 047 \*\*\*\*50.00



04232007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3759034 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKE, M. TODD ESQ 215 GRAND BLVD., STE. 101 DESTIN, FL 32550

SIGNATURE:

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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 Signature, typed or printed name of registered agent and title if applicable. (INOTE: Registered Agent signature required when reinstating). DATE		
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	DEAL, AARON	
STREET ADDRESS	208 HOOD AVE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE	MGRM	
NAME	DEAL, VIC	
STREET ADDRESS	208 HOOD AVE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	
TITLE		
NAME		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-21P		

11. 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.

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE