2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2006
Secretary of State

DOCUMENT# L05000093305

Entity Name: EASTWIND VILLAS, LLC

Current Principal Place of Business:

2300 S. ATLANTIC AVENUE #1
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 24
DELAND, FL 327210024

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIEDLER, TIMOTHY R ESQ.
FOGLE & FIEDLER, P.A.
217 E. PLYMOUTH AVENUE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	BISHOP, SANDRA O	
Address:	2300 S. ATLANTIC AVENUE #1	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	MGRM	( ) Delete
Name:	BISHOP, RICHARD G	
Address:	2300 S. ATLANTIC AVENUE #1	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	MGRM	( ) Delete
Name:	ROUSSEAU, JULIE E	
Address:	2300 S. ATLANTIC AVENUE #1	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: RICHARD G BISHOP MGRM 03/16/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date