

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093305

Entity Name: EASTWIND VILLAS, LLC

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

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:

BISHOP, RICHARD G
2300 S. ATLANTIC AVENUE #1
NEW SMYRNA BEACH, FL 32169 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: MGR () Delete
Name: BISHOP, RICHARD G
Address: 2300 S. ATLANTIC AVENUE #1
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: MGR () Delete
Name: BISHOP, SANDRA O
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 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

MGR

04/14/2008

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