2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Mar 29, 2007 8:00 am Secretary of State

DOCUMENT # L05000096647 1. Entity Name EAW BAYOU, LLC						03-29-2007 90176 014 ****55.00				
Principal Place of Business 663 MOURNING DOVE DRIVE SARASOTA, FL 34236 Mailing Address 46 N. WASHINGTON BLVD., # SARASOTA, FL 34236 SARASOTA, FL 34236										
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 663 円のレストンにし) r					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01192007	Chg-LLC	CR2E	083 (12/06)	
City & State		City & State SARAFOTA, FL				4. FEI Numbe				oplied For ot Applicable
Zip	Country	Zip 34 236	Coun	itry			of Status Desired	X	\$5.00 Add	litional
	6. Name and Address of Current F	<u> </u>				7. Name and Address of New Registered Agent				
WEILLAR, 663 MOUF SARASOT		Street Address (P			P.O. Box Numb	er is Not Acceptabl	le)			
				City					Zip Code	^
8. The above	named entity submys this statement for	the nicrose of changing its	register	<u> </u>	r register	ed agent or bo	th in the State of FI	FL orida Lam	- '	
the obligat	tions of registered gent.	The perpose of changing its	, rogistor	ea onice o	i iogistei	ed agent, or bo		/ン3 ,		and accept
SIGNATURE	Signature, typegydr printed name of registered agent a	and title if applicable. (NOT	E. Registere	d Agent signal	ure required	when reinstating)		DATE	/ 6 /4	
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of St					2	
9.	MANAGING MEMBER		10.			•	ADDITIONS	/CHANGE		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete EAW REAL ESTATE INV. OF SARASOTA, LLC 663 MOURNING DOVE DRIVE SARASOTA, FL 34236			E Et adoress - St- Zip		IN POND ROAD, LLC 3 MOURNING DOVE DR. ARASOTA, FL 34236				☐ Addition
TITLE		☐ Delete	TITL						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				E EET ADDRESS - ST - ZIP						
TITLE NAME		☐ Delete	TITL						☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STRE	ET ADORESS -ST-ZIP						
TITLE		☐ Delete	TITL						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				E Et address - St-Zip						
TITLE NAME		☐ Delete	TITU						Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -St-zip						
TITLE		☐ Delete	TITL	E					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		, /		ET ADDRESS						
11. I hereby	certify that the information supplied with on this report is true and accurate and to billity company or the receiver or to stee	that my signature shall have empowered to execute this	r the exe the same report as	e legal effe s required	ct as if m by Chapt	in Chapter 119, hade under oath er 608, Florida	Florida Statutes, I f i; that I am a mana Statutes.	urther certi ging memb	fy that the info per or manage	rmation or of the
SIGNAT	OLD POND YAY,	CLC , MANAGIN	الماسات	A.U	برساريم	-II 3/	23/81	(911)	954-69	18
JIGHAI	SIGNATURE AND TYPED OF PRINTED NAME OF						Date	<u> </u>	Oaytme Phone #	