

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90119 007 \*\*\*\*50.00

<b>DOCUMENT # L06000019316</b> 1. Entity Name <b>LEEWARD, LLC</b>					
Principal Place of Business <b>5567 FAWN RIDGE GULF BREEZE, FL 32563</b>			Mailing Address <b>5567 FAWN RIDGE GULF BREEZE, FL 32563</b>		
2. Principal Place of Business - No P.O. Box # <b>6609 AVENIDA DE GALVEZ</b> Suite, Apt. #, etc.		3. Mailing Address <b>6609 AVENIDA DE GALVEZ</b> Suite, Apt. #, etc.			
City & State <b>NAVARRE FL</b>		City & State <b>NAVARRE FL</b>		4. FEI Number <b>14-1950408</b>	
Zip <b>32566</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRIM, GEORGE D 5567 FAWN RIDGE GULF BREEZE, FL 32563</b>			7. Name and Address of New Registered Agent Name <b>BRIM, GEORGE D</b> Street Address (P.O. Box Number is Not Acceptable) <b>6609 AVENIDA DE GALVEZ</b> City <b>NAVARRE FL</b> Zip <b>32566</b>		
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 <span style="float: right;">DATE <b>3/08/2007</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRIM, GEORGE D 5567 FAWN RIDGE GULF BREEZE, FL 32563</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BRIM, GEORGE D 6609 AVENIDA DE GALVEZ NAVARRE FL 32566</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing 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 609, Florida Statutes.					
<b>SIGNATURE: </b> <span style="float: right;">DATE <b>3/08/2007</b> (950) 255-7314</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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