

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049242

FILED  
Apr 05, 2007  
Secretary of State

Entity Name: FOUR WINDS RESORT-B11, LLC

**Current Principal Place of Business:**

4450 CANARD ROAD  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

4450 CANARD ROAD  
MELBOURNE, FL 32934

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONELY, EMILY  
7250 MADISON STREET  
COCOA, FL 32927 US

**Name and Address of New Registered Agent:**

CONELY, EMILY  
3814 CHAMPION ROAD  
TITUSVILLE, FL 32796 US

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: EMILY CONELY

04/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOULET, PATRICIA K  
Address: 4450 CANARD ROAD  
City-St-Zip: MELBOURNE, FL 32934

Title: MGR ( ) Delete  
Name: GOULET, ALLAN O  
Address: 4450 CANARD ROAD  
City-St-Zip: MELBOURNE, FL 32934

**ADDITIONS/CHANGES:**

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: ALLAN O GOULET

MGR

04/05/2007

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