


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

05-16-2007 90172 050 ****50.00

DOCUMENT # L06000098305	
1. Entity Name EAST WEST CONDOMINIUM PULWERS LLC	

Principal Place of Business 1590 ISLAND LANE 28 FLEMING ISLAND, FL 32003	Mailing Address 1590 ISLAND LANE 28 FLEMING ISLAND, FL 32003
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30011134



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0385111	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent O'CONNOR, JOHN W 1590 ISLAND LANE 28 FLEMING ISLAND, FL 32003	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM O'CONNOR, JOHN W 1590 ISLAND LANE, SUITE 28 FLEMING ISLAND, FL 32003 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.

SIGNATURE: *John W. O'Connor* *Manager* 4/27/07 904/215-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #