


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90020 031 ***138.75

DOCUMENT # L07000009019					
1. Entity Name WINDING WAY, LLC					
Principal Place of Business 16 WILD GRAPE DRIVE AMELIA ISLAND, FL 32034			Mailing Address 16 WILD GRAPE DRIVE AMELIA ISLAND, FL 32034		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALLACE, ANDREW L 16 WILD GRAPE DRIVE AMELIA ISLAND, FL 32034			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE President	NAME Andrew L. Wallace		<input type="checkbox"/> Delete		
STREET ADDRESS 16 Wild Grape Dr	Amelia Island, FL 32034		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP					
TITLE Secretary	NAME Marianne C Wallace		<input type="checkbox"/> Delete		
STREET ADDRESS 16 Wild Grape Dr	Amelia Island, FL 32034		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP					
TITLE Treasurer	NAME Marianne C Wallace		<input type="checkbox"/> Delete		
STREET ADDRESS 16 Wild Grape Dr	Amelia Island FL 32034		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY - ST - ZIP					
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: <u>Andrew L. Wallace, President</u> 1-5-08 904-491-7663					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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