2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Jul 14, 2008 8:00 am
Secretary of State
05-02-2008 90013 016 ***138.75

DOCUMENT # L07000039838

1. Entity Name
SOUTHWIND VILLAGE, LLC

Principal Place of Business
140 NORTH ORLANDO AVE., SUITE 150-9
WINTER PARK FL 32789

Mailing Address
140 NORTH ORLANDO AVE., SUITE 150-9
WINTER PARK FL 32789

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc. 250
City & State
Zip
Country

3. Mailing Address 29605 US 19
Suite, Apt. #, etc. 130
City & State CLEARWATER FL
Zip 33761
Country USA

4. FEI Number
☐ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD, SUITE 100
MAITLAND FL 32751

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when resigning) DATE

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

TITLE	MGR	☐ Delete
NAME	GARBER, LAMONT	
STREET ADDRESS	140 NORTH ORLANDO AVE., SUITE 150-9	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	STE 250	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] CONTROLLER 4/15/08 727-785-7460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #