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	Mailing Address
140 NORTH ORLANDO AVE., SUITE 150-9 WINTER PARK FL 32789	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 #	3. Mailing Address
	29605 US 19
Suite, Apt. #, etc. 250	Suite, Apt. #, etc. 130
City & State	City & State CLEARWATER FL
Zip / Country	Zip 33761 / Country PINELLAS

4. FEI Number — Applied For / [X] 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 signature required when reinstating) 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			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GARBER, LAMONT 140 NORTH ORLANDO AVE., SUITE 150-9 WINTER PARK FL 32789	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[X] Change [ ] Addition STE 250
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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 #