## 2003 LIMITED LIABILITY COMPANY

## UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9700001158



## FILED Mar 03, 2003 8:00 am Secretary of State

SOUTHW	VIND MANU	JFACTURING, L.C.					C	3-03-2003	3 90002 (	)33 ****	50.00	
Principal Place of Business 415 CYPRESS ROAD OCALA FL 34472			Mailing Address 415 CYPRESS ROAD OCALA FL 34472									
2. Principal	Place of Busin	ess	3. Mailing Address			_						
Suite, Apt. #, etc.  City & State			Suite, Apt. #, etc.  City & State			'	10 <b>2</b> 11071010	FIAF 19011 80114 0:	#### <b>##</b> ##############################			
							CHECK HERE IF MAKING CHANGES					
						4. FEII	4. FEI Number 59-3473728				Applied For	
Zip	Zip Country		Zip Cour		ry	5. Cert	5. Certificate of Status Desired			\$5.00	Not Applicable  \$5.00 Additional Fee Required	
	6. Name	and Address of Current R	legistered Agent	1		7. Nam	e and Add	ress of New	Registere		ultea	
RA?	x CO.	· · · · · · · · · · · · · · · · · · ·			Name	was Same				- agent	· · · ·	
% MAHONEY ADAMS & CRISER P.A. 50 NORTH LAURA ST./3300 BARNETT JACKSONVILLE FL 32202			CENTER		Street Addr	ress (P.O. Box N	lumber is N	lot Acceptab	ole)		·	
						<del></del>					<del></del>	
					City	<u></u>			F	Zip (	ode	
8. The above the obliga-	named entity	submits this statement for red agent.	the purpose of changing it	s registered	d office or reg	gistered agent,	or both, in	the State of F	lorida. Lan	n familiar w	th, and accept	
SIGNATURE	_	J							•			
	Signature, typed or	printed name of registered agent and	d title if applicable. (NO	TF: Registered	Agent eigenture re	<del></del>	ng)		DATE			
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9.		MANAGING MEMBER	FILE N Make Check Payab Du	OW!!! Fl	EE IS \$50. rida Depart	.00		ADDITIONS		s	<u>.</u>	
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2-27-03 Date

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