


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000006861 1. Entity Name EEW DEVELOPMENT COMPANY, L.C.	
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Principal Place of Business 4800 HAW BRANCH ROAD SEBRING, FL 33875	Mailing Address POST OFFICE BOX 968 OKEECHOBEE, FL 34973
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01092007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2177978	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CASSELS, JOHN D JR. 400 NW 2ND STREET OKEECHOBEE, FL 34973

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IN THIS SPACE**

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 _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WILLIAMS, BETTY C POST OFFICE BOX 464 MYRTLE BEACH, SC 29578
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WILLIAMS, EDWARD L PO BOX 464 MYRTLE BEACH, SC 29578
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date 1-17-07 Daytime Phone # _____