

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000049

Entity Name: WINDJAMMERS FLORIDA, LLC

FILED  
Apr 10, 2007  
Secretary of State

**Current Principal Place of Business:**

5675 NO ATLANTIC AVE  
UNIT 106  
COCOA BEACH, FL 32932

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 247  
COTTAGE GROVE, MN 55016

**New Mailing Address:**

FEI Number: 20-1728326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MASSIE, JOHN  
Address: 2640 MARSHLAND ROAD  
City-St-Zip: WAYZATA, MN 55391

Title: MGRM ( ) Delete  
Name: WARRING, AMY  
Address: 1050 SW CORNELIA AVE  
City-St-Zip: PORT ST LUCIE, FL 34953

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: AMY WARRING

MGRM

04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date