


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90058 033 ****50.00

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1. Entity Name
 421 TRADEWINDS, LLC



Principal Place of Business
 6943 WASHINGTON AVENUE SOUTH
 EDINA, MN 55439

Mailing Address
 6943 WASHINGTON AVENUE SOUTH
 EDINA, MN 55439

2. Principal Place of Business
 5189 Old Gallows Way

3. Mailing Address
 5189 Old Gallows Way

Suite, Apt. #, etc.

City & State
 Naples, Florida

City & State
 Naples, Florida

Zip
 34105

Country
 USA



02082005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

DENTI, KEVIN A ESQ.
 C/O CHEFFY, PASSIDOMO, ET AL
 821 FIFTH AVENUE SOUTH, SUITE #201
 NAPLES, FL 34102

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to:
 Florida Department of State**

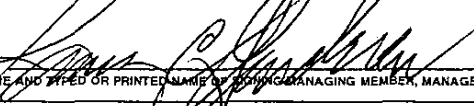
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	GENDREAU, JAMES	6943 WASHINGTON AVENUE SOUTH	EDINA, MN 55439	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	Gendreau, James	5189 Old Gallows Way	Naples, Florida 34105	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  James Gendreau, Manager 02/17/05 239-659-0050

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #