

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006407

FILED  
Jul 05, 2007  
Secretary of State

**Entity Name:** VIF II TRADEWINDS ASSOCIATES, LLC

**Current Principal Place of Business:**

10 CAMPUS BLVD.  
NEWTOWN SQUARE, PA 19073

**New Principal Place of Business:**

**Current Mailing Address:**

10 CAMPUS BLVD.  
NEWTOWN SQUARE, PA 19073

**New Mailing Address:**

**FEI Number:** 20-5894952      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE 4  
TALLAHASSEE, FL 32301 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:** VIF II/GMH RETAIL PO, RTFOLIO, LLC  
**Address:** 10 CAMPUS BLVD.  
**City-St-Zip:** NEWTOWN SQUARE, PA 19073

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY J. CARDAMONE

AVP

07/05/2007

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