

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006407

Entity Name: VIF II TRADEWINDS ASSOCIATES, LLC

Current Principal Place of Business:

10 CAMPUS BLVD.
NEWTOWN SQUARE, PA 19073

Current Mailing Address:

10 CAMPUS BLVD.
NEWTOWN SQUARE, PA 19073

FEI Number: 20-5894952

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DRIVE, SUITE 4
TALLAHASSEE, FL 32301 US

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

Authorized Person(s) Detail :

Title MGRM
Name VIF II/GMH RETAIL PORTFOLIO, LLC
Address 10 CAMPUS BLVD.
City-State-Zip: NEWTOWN SQUARE PA 19073

Title VP, SECRETARY
Name MACCHIONE, JOSEPH
Address 10 CAMPUS BLVD.
City-State-Zip: NEWTOWN SQUARE PA 19073

Title PRESIDENT
Name HOLLOWAY, GARY M SR.
Address 10 CAMPUS BLVD.
City-State-Zip: NEWTOWN SQUARE PA 19073

Title VP
Name HOLLOWAY, GARY M JR.
Address 10 CAMPUS BLVD.
City-State-Zip: NEWTOWN SQUARE PA 19073

Title TREASURER
Name DIGIUSEPPE, ROBERT
Address 10 CAMPUS BLVD.
City-State-Zip: NEWTOWN SQUARE PA 19073

Title ASST. VICE PRESIDENT
Name ASALI, JAMES T
Address 10 CAMPUS BLVD.
City-State-Zip: NEWTOWN SQUARE PA 19073

Title ASST. VICE PRESIDENT, ASST. SECRETARY
Name CARDAMONE, ANTHONY J.
Address 10 CAMPUS BLVD.
City-State-Zip: NEWTOWN SQUARE PA 19073

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES T. ASALI

ASST. VICE PRESIDENT

04/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date