

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000005122

FILED
Apr 30, 2004
Secretary of State

Entity Name: TRADEWINDS HAMMOCKS II, L.L.C.

Current Principal Place of Business:

5505 NORTH ATLANTIC AVENUE
#115
COCOA BEACH, FL 329314102

New Principal Place of Business:

Current Mailing Address:

5505 NORTH ATLANTIC AVENUE
#115
COCOA BEACH, FL 329314102

New Mailing Address:

FEI Number: 59-3698606 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCPHILLIPS, JACQUELINE
5505 N. ATLANTIC AVE.
#115
COCOA BEACH, FL 32931 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/MEMBERS:

Title: MGRM () Delete
Name: HERITAGE PARTNERS GR, OUP XIX, INC.
Address: 5505 N. ATLANTIC AVE., #115
City-St-Zip: COCOA BEACH, FL 32931

Title: MGRM () Delete
Name: MRT OF THE FLORIDA K, EYS, LLC
Address: PO BOX 4201075
City-St-Zip: SUMMERLAND KEY, FL 33042

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 Section 119.07(3)(i), 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: JAMES KINCAID

MGR

04/30/2004

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