

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000005122

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



Principal Place of Business
**25000 OVERSEAS HWY
SUMMERLAND KEY, FL 33042-1075**

Mailing Address
**PO BOX 42-1075
SUMMERLAND KEY, FL 33042-1075**



04282005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3698606

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSASCO, PETER L JR
25000 OVERSEAS HWY
SUMMERLAND KEY, FL 33042-1075**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**U00000344156
04/29/05-80124-023 55.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARDING CONSTRUCTION SERVICES, INC.
STREET ADDRESS	5505 N. ATLANTIC AVE., #115
CITY-ST-ZIP	COCOA BEACH, FL 32931
TITLE	MGRM
NAME	MRT OF THE FLORIDA KEYS, LLC
STREET ADDRESS	PO BOX 4201075
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #