2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000005122

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

Principal Place of Business	Mailing Address
25000 OVERSEAS HWY SUMMERLAND KEY, FL 33042-1075	PO BOX 42-1075 SUMMERLAND KEY, FL 33042-1075

DO NOT WRITE IN THIS SPACE

04252006 No Chg-LLC CR2E083 (11/05)

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

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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, 2006

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	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Peter Rosasco 4-25-6 305-745-4077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #