

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000005122

FILED
Apr 30, 2003
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:

HAMLIN, CURTIS D ESQ
1205 MANATEE AVE WEST
BRADENTON, FL 342057595 US

Name and Address of New Registered Agent:

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

04/30/2003

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

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: MICHAEL MCPHILLIPS

V

04/30/2003

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