2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Nov 23, 2005
Secretary of State

DOCUMENT# L01000018048

Entity Name: TRADE WINDS, LLC

Current Principal Place of Business:

299 ALHAMBRA CIRCLE
SUITE 312
CORAL GABLES, FL 33134

New Principal Place of Business:

4120 PARK AVENUE
MIAMI, FL 33133

Current Mailing Address:

299 ALHAMBRA CIRCLE
SUITE 312
CORAL GABLES, FL 33134

New Mailing Address:

4120 PARK AVENUE
MIAMI, FL 33133

FEI Number: 65-1146515 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139 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/MANAGERS:

Title: MGRM ( ) Delete
Name: VON LACHMANN, LAURITS FREDRI
Address: 299 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VON LACHMANN, LAURITS FREDRI
Address: 4120 PARK AVENUE
City-St-Zip: MIAMI, FL 33133

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: LAURITS VON LACHMANN P 11/23/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date