


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # L02000028715 1. Entity Name TRADEWINDS PLAZA, LLC	
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Principal Place of Business 634 BARNES BOULEVARD ROCKLEDGE, FL 32955	Mailing Address P.O. BOX 410686 MELBOURNE, FL 32941
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DO NOT WRITE IN THIS SPACE



01042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2332415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GARAGOZLO, PATRICIA
3903 POST RIDGE TRAIL
MELBOURNE, FL 32935**

**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

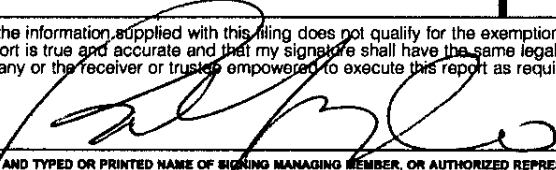
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BOLOGNA, SALVATORE E P.O. BOX 410686 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BOLOGNA, PAUL J P.O. BOX 410686 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLOGNA, PAUL J P.O. BOX 410686 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOLOGNA-GARAGOZLO, PATRICIA E P.O. BOX 410686 MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

U00000579302
01/10/07-80001-022 50.00

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:  **1/6/07 324-7571570**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #