

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000007260

1. Entity Name
TRADEWINDS PROPERTY BROKERAGE, LC



SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC 15 AM 9:16

Principal Place of Business
425 W. COLONIAL DRIVE, SUITE 204
ORLANDO, FL 32804

Mailing Address
425 W. COLONIAL DRIVE, SUITE 204
ORLANDO, FL 32804

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12122005 Chg-LLC CR2E083 (10/03)

4. FEI Number
90-0061175

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODS, JONATHAN D
425 W. COLONIAL DRIVE, SUITE 204
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME WOODS, JONATHAN D
STREET ADDRESS 425 W. COLONIAL DRIVE, SUITE 204
CITY-ST-ZIP ORLANDO, FL 32804

TITLE MGR ☒ Delete
NAME FREY, CHARLES
STREET ADDRESS 425 W. COLONIAL DRIVE, SUITE 204
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition
NAME VU, HONG MAI
STREET ADDRESS 425 W. COLONIAL DRIVE, SUITE 204
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Manager-Member 12/13/05 (407)650-813