

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90026 046 ****50.00

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DOCUMENT # L03000029727 1. Entity Name TRADEWIND INTERIORS LLC			
Principal Place of Business 11450 OVERSEAS HWY MARATHON, FL 33050		Mailing Address C/O EDWARD F BUSCH, CPA 5800 OVERSEAS HWY, SUITE 6 MARATHON, FL 33050	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address cb Busch + Morato CPA's Suite, Apt. #, etc.	
City & State Marathon FL		4. FEI Number 98-0406657	
Zip 33050		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARD F. BUSCH, CPA 5800 OVERSEAS HIGHWAY, STE. 6 MARATHON, FL 33050		7. Name and Address of New Registered Agent Name Busch + Morato CPA's Street Address (P.O. Box Number is Not Acceptable) 5800 Overseas Hwy, Ste 6 City Marathon FL Zip Code 33050	
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 Memorato DATE 2/27/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005 <i>pd 1/27/05</i>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P <input type="checkbox"/> Delete NAME ADAMS, VINCENT STREET ADDRESS % EDWARD F BUSCH CPA 5800 OVERSEAS HWY CITY-ST-ZIP MARATHON, FL 33050		TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Adams, Vincent + STREET ADDRESS cb Busch + Morato CPA's CITY-ST-ZIP 5800 Overseas Hwy Ste 6	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME Marathon FL 33050 STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: Memorato <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 2/27/05 <small>Date</small>	