## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L03000029727 TRADEWIND INTERIORS LLC  Principal Place of Business 11450 WESSAS HW  OID EURAND F BUSCH, CPA SONO WESSAS HW  OID EURAND F BUSCH CPA SONO WESSAS HW  OID EURAND F BUSCH, CPA SONO WESS	ANNUAL REPORT					Secretary of State				
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Signature   Sign	Suite, Apt. #, etc.	Suite, Apt. #, et	ic.			01312005	Chg-LLC	C C	R2E083 (10/03)	
Section   Sect	City & State	MA' 111		<u></u>				-	A	pplied For
Street pages of Current Registered Agent  EDWARD F. BUSCH, CPA 5800 OVERSEAS HIGHWAY, STE. 6 MARATHON, FL 33050  Street bagges (P.O. Box Number is Not Appeliable)  City Manual And Address of Foundation of 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.  FL 25,2505  City Manual And Address of Florida and analyst submitts this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  FILINGIFIED STATES STATES STATES AGENT AGEN	Zip Country			trv						
EDWARD F. BUSCH, CPA 5800 OVERSEAS HIGHWAY, STE. 6 MARATHON, FL 33050  Street Address (P.O. Box Number is Not Acapable)  City Man Hour FL  Special control or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the		33056				5. Certificati	of Status Des	sired		
EDWARD F. BUSCH, CPA 5800 OVERSEAS HIGHWAY, STE 6 MARATHON, FL 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. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida. Ten lemiliar with, and accept the obligations of registered agent, or both, in the State of Florida.	6. Name and Addre	ss of Current Registered Agent		Name /	0	7. Name an	Address of	New Registe	ered Agent	
MARATHON, FL 33050  SBOO ONDESPOS HUM, SEC  City Mark Honor FL Zip Code 32050  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Symbility, fived or prices havine of registered agent are size if approache. (INOTE Registered Agent signature required when recreations)  Make check payable to Florida Department of State  P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  10. Busch + More and a price and a				<i></i>	<u>szisc</u>	h t			DAS	
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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: Mumoration

ENTATIVE

Daytime Phone #