

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90130 029 ****50.00

DOCUMENT # L03000035066																									
1. Entity Name TRADEWINDS PARTNERS, LLC																									
Principal Place of Business 1111 THIRD AVE WEST, STE 300 BRADENTON FL 34205			Mailing Address 1111 THIRD AVE WEST, STE 300 BRADENTON FL 34205																						
2. Principal Place of Business 115 Third St.S.		3. Mailing Address 115 Third St.S.																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07012004 Chg-LLC CR2E083 (10/03)																					
City & State Bradenton Beach, FL		City & State Bradenton Beach, FL		4. FEI Number 16-1684180																					
Zip Country 34217 USA		Zip Country 34217 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required																					
6. Name and Address of Current Registered Agent DEITRICH, DAVID K 1111 THIRD AVE. WEST, STE. 300 BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name: <u>David Teitelbaum</u> Street Address (P.O. Box Number is Not Acceptable): <u>115 Third St.S.</u> City: <u>Bradenton Beach</u> FL Zip Code: <u>34217</u>																						
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: <u>[Signature]</u> DATE: <u>7/8/04</u> <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 September 8, 2004		Make check payable to Florida Department of State																							
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																						
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>[Signature]</u> DATE: <u>7/8/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																									