2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

04-22-2004 90360 005 ****50.00

DOCUMENT # L03000054469

1. Entity Name
4331 WEST TRADEWINDS LLC

Principal Place of Business	Mailing Address
C/O DAVID G. MURRAY 1401 E BROWARD BLVD, STE 200 FT LAUDERDALE FL 33301	C/O DAVID G. MURRAY 1401 E BROWARD BLVD, STE 200 FT LAUDERDALE FL 33301

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
1 Financial Plaza	same as #2
Suite, Apt. #, etc. 2001	Suite, Apt. #, etc.
City & State Ft. Lauderdale, FL	City & State
Zip 33394 Country USA	Zip Country

4. FEI Number 20-0506133 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MURRAY, DAVID G ESQ
1401 E BROWARD BLVD, STE 200
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name n/a – (same)
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 ____________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TURCHIN, LESLIE S		NAME		
STREET ADDRESS	2845 NE 9TH ST #1201		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33304		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Leslie S. Turchin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #