2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# L04000017293

Entity Name: TRADEWINDS REALTY, LLC

Current Principal Place of Business:

2133 JOCKEY HOLLOW DRIVE NW
KENNESAW, GA 30152

New Principal Place of Business:

Current Mailing Address:

2133 JOCKEY HOLLOW DRIVE NW
KENNESAW, GA 30152

New Mailing Address:

FEI Number: 34-2033002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALWARDT, MADISON E JR
5001 TOTEM COURT
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALWARDT, MADISON E JR
Address: 5001 TOTEM COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR ( ) Delete
Name: ALWARDT, RYAN M
Address: 5001 TOTEM COURT
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR (X) Delete
Name: ALWARDT, JASON M
Address: 2133 JOCKEY HOLLOW DRIVE NW
City-St-Zip: KENNESAW, GA 30152

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: ALWARDT, JASON M
Address: 2133 JOCKEY HOLLOW DRIVE NW
City-St-Zip: KENNESAW, GA 30152

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON M. ALWARDT MGR 01/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date