## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000012403

1. Entity Name

GENGIR-TRADEWINDS, LLC



FILED Mar 05, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

5189 OLD GALLOWS WAY NAPLES, FL 34105 5189 OLD GALLOWS WAY NAPLES, FL 34105



02282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2383372

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDMAYER, MONIKA 5800 CYPRESS HOLLOW WAY NAPLES, FL 34109

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE				
		(MOTE: Mailatea or wildow sylvamia (admiso wild))	OTIZ	
Fi Di	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		<u>, , , , , , , , , , , , , , , , , , , </u>	
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGR GENDREAU, JAMES 5189 OLD GALLOWS WAY NAPLES, FL 34105		U00000656075	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000656075 03/14/07-80011-006 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	O NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 mystee empowered to product this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2128107

293-8499

Daytime Phone #