


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000012403 1. Entity Name GENGIR-TRADEWINDS, LLC	
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Principal Place of Business 5189 OLD GALLOWS WAY NAPLES, FL 34105	Mailing Address 5189 OLD GALLOWS WAY NAPLES, FL 34105
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DO NOT WRITE IN THIS SPACE



02282007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2383372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LINDMAYER, MONIKA
5800 CYPRESS HOLLOW WAY
NAPLES, FL 34109

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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GENDREAU, JAMES
STREET ADDRESS	5189 OLD GALLOWS WAY
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/14/07-80011-006 50.00

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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *James Gendreau* **James Gendreau** 2/28/07 (239) 293-8499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #