

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NOV 17 AM 9:55

DOCUMENT # L05000060416 1. Entity Name 4423 TRADEWINDS, L.L.C.					
Principal Place of Business 334 EASTLAKE ROAD PALM HARBOR, FL 34685			Mailing Address 334 EASTLAKE ROAD PALM HARBOR, FL 34685		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10132006 REIN-LLC CR2E101 (11/05)	
Zip		Country		4. FEI Number 20-3020630	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FT. LAUDERDALE, FL 33316			Name THOMAS F VINCI Street Address (P.O. Box Number is Not Acceptable) 334 EASTLAKE RD #216 City PALM HARBOR FL 34685		
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><i>THOMAS F VINCI</i></u> 11/1/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VINCI, THOMAS F 334 EASTLAKE ROAD PALM HARBOR, FL 34685	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700081905 PPT <input type="checkbox"/> Change <input type="checkbox"/> Addition 11/17/06--01046--010 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VINCI, GERARD T 3200 N. OCEAN BLVD., #706 FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAAR, PAUL 258 COMMERCIAL BLVD., SUITE 2-A FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>THOMAS F VINCI</i></u> THOMAS F VINCI 11/1/06 2012482317 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					