2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

CITY+ST-ZIP

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

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04-11-2007 90155 050 ****50.00 DOCUMENT # L05000062776 1. Entity Name SOUTH ATLANTIC TRADE WINDS, LLC Principal Place of Business Mailing Address 10600 ORANGE AVENUE PO BOX 55 ORLANDO, FL 32802 ORLANDO, FL 32824-7723 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 03282007 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FELNumber City & State Not Applicable 59-2440935 Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STRATES, E. JAY Street Address (P.O. Box Number is Not Acceptable) 10600 ORANGE AVENUE ORLANDO, FL 32824-7723 Zip Code City 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 il applicable. DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM ☐ Change ■ Addition ☐ Delete TITLE TITLE STRATES, E.J. NAME 10600 ORANGE AVE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32824 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

Apr 11, 2007 8:00 am Secretary of State

Addition

☐ Addition

☐ Change

11. 1 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.

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3-28-07 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #