

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088047

Entity Name: TRADEWINDS 246, LLC

FILED  
Apr 25, 2006  
Secretary of State

**Current Principal Place of Business:**

314 N.E. 1ST AVENUE  
DELRAY BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

314 N.E. 1ST AVENUE  
DELRAY BEACH, FL 33441

**New Mailing Address:**

PO BOX 272365  
BOCA RATON, FL 33427

FEI Number: 34-2060375

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, CAROLYN S  
314 N.E. 1ST AVENUE  
DELRAY BEACH, FL 33441 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: MGRM ( ) Delete  
Name: SMITH, CAROLYN S  
Address: 314 N.E. 1ST AVENUE  
City-St-Zip: DELRAY BEACH, FL 33441

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, CAROLYN S  
Address: PO BOX 272365  
City-St-Zip: BOCA RATON, FL 33427

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLYN S. SMITH

MGRM

04/25/2006

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