

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081229

FILED
Jan 26, 2008
Secretary of State

Entity Name: TRADEWINDS HOMOSASSA HOLDINGS, LLC

Current Principal Place of Business:

4450 E. WINDMILL DRIVE, APT. #107
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

4450 E. WINDMILL DRIVE, APT. #107
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 20-5415556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDIFORT, JAN-ERNST
4450 E. WINDMILL DRIVE, APT. #107
INVERNESS, FL 34453 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: MGR () Delete
Name: SANDIFORT, JAN-ERNST
Address: 4450 E. WINDMILL DRIVE, APT. #107
City-St-Zip: INVERNESS, FL 34453

Title: MGR () Delete
Name: BELERBOS, FRANCISCUS W P
Address: 4450 E. WINDMILL DRIVE, APT. #107
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DB TRADEWINDS HOMOSA, SSA INVESTMENT S , LLC
Address: 4450 E. WINDMILL DRIVE, APT. #107
City-St-Zip: INVERNESS, FL 34453

Title: MGR (X) Change () Addition
Name: TAXUS INVESTMENTS, I, NC
Address: 4450 E. WINDMILL DRIVE, APT. #107
City-St-Zip: INVERNESS, FL 34453

I hereby certify that the information supplied with this filing does not qualify 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: JAN-ERNST SANDIFORT

RA

01/26/2008

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