2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# L06000090294

Entity Name: TRADEWINDS GRILLE, LLC

Current Principal Place of Business:

1425 HAND AVENUE, SUITE N
ORMOND BEACH, FL 32174

New Principal Place of Business:

1425 HAND AVENUE
SUITE N
ORMOND BEACH, FL 32174

Current Mailing Address:

1425 HAND AVENUE, SUITE N
ORMOND BEACH, FL 32174

New Mailing Address:

1425 HAND AVENUE
SUITE N
ORMOND BEACH, FL 32174

FEI Number: 20-5543363 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, CRAIG A
1425 HAND AVENUE
SUITE N
ORMOND BEACH, FL 32174 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: GM ( ) Delete
Name: MAYER, ADAM R
Address: 1425 HAND AVE SUITE N
City-St-Zip: ORMOND BEACH, FL 32174

Title: MM ( ) Delete
Name: MAYER, BARRY H
Address: 1400 HAND AVE SUITE K
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ADAM MAYER GM 04/17/2009

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