

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112475

Entity Name: TRADEWINDS 32 LLC

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

245 RIO VISTA DRIVE  
SOPCHOPPY, FL 32358

**New Principal Place of Business:**

**Current Mailing Address:**

245 RIO VISTA DRIVE  
SOPCHOPPY, FL 32358

**New Mailing Address:**

FEI Number: 01-0612418

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, BRUCE H  
245 RIO VISTA DRIVE  
SOPCHOPPY, FL 32358 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: JOHNSON, BRUCE  
Address: 245 RIO VISTA DRIVE  
City-St-Zip: SOPCHOPPY, FL 32358

Title: MGRM ( ) Delete  
Name: UNGER, FRED  
Address: 2782 TOWER VIEW ROAD  
City-St-Zip: HERNDON, VA 20171

Title: MGRM ( ) Delete  
Name: EASON, DANIELLE  
Address: 176 IVERNIA LOOP  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

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

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: BRUCE JOHNSON

MGRM

04/28/2008

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