

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 16, 2008 8:00 am
Secretary of State

04-15-2008 90115 050 ***138.75

DOCUMENT # L07000002901	
1. Entity Name TRADEWINDS 301K, LLC	

Principal Place of Business 9 DAMONMILL SQUARE, SUITE 1-A CONCORD MA 01742	Mailing Address 9 DAMONMILL SQUARE, SUITE 1-A CONCORD MA 01742
--	--

2. Principal Place of Business - No P.O. Box # 600 HERMITAGE RD	3. Mailing Address 600 HERMITAGE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CHARLOTTE NC	City & State CHARLOTTE NC
Zip 28207	Zip 28207
Country US	Country US

4. FEI Number 20-8181559	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, LLC 155 OFFICE PLAZA DRIVE, SUITE A TALLAHASSEE FL 32301	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when removing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TVPX ACQUISITIONS, INC. 9 DAMONMILL SQUARE, SUITE 1-A CONCORD MA 01742 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER JAMES M. JACOBSON JR 600 HERMITAGE RD CHARLOTTE NC 28207 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: James M. Jacobson Jr **JAMES M. JACOBSON JR** 3/6/08
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGER, OR AUTHORIZED REPRESENTATIVE Date: 709-335-9570