

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077844

FILED
Feb 27, 2008
Secretary of State

Entity Name: TRADEWINDS HOSPITALITY, LLC

Current Principal Place of Business:

2421 WHISPERING PINES BLVD.
NAVARRE, FL 32566

New Principal Place of Business:

2413 WHISPERING PINES BLVD.
NAVARRE, FL 32566

Current Mailing Address:

2421 WHISPERING PINES BLVD.
NAVARRE, FL 32566

New Mailing Address:

PO BOX 179
CONYERS, GA 30012

FEI Number: 26-0610437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLLOWELL, THOMAS
2121 WHISPERING PINES BLVD.
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

HOLLOWELL, THOMAS
2413 WHISPERING PINE BLVD.
NAVARRE, FL 32566 US

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: THOMAS HOLLOWELL

02/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLLOWELL, THOMAS
Address: 2521 WHISPERING PINES BLVD.
City-St-Zip: NAVARRE, FL 32566

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOLLOWELL, THOMAS
Address: 2413 WHISPERING PINES BLVD.
City-St-Zip: NAVARRE, FL 32566

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: THOMAS HOLLOWELL

MGRM

02/27/2008

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