

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111693

Entity Name: 2ND WIND AFFILIATES, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

320 SCARLETT BLVD
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19319
SARASOTA, FL 34276

New Mailing Address:

FEI Number: 26-1432681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRACY, CATHERINE L
2058 CONSTITUTION BLVD
SARASOTA, FL 34231 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: HANWAY, THOMAS D
Address: 320 SCARLETT BLVD
City-St-Zip: OLDSMAR, FL 34677

Title: MGR () Delete
Name: HANWAY, CHRISTOPHER
Address: 1089 IDLEWILD DRIVE SOUTH
City-St-Zip: DUNEDIN, FL 34698

Title: MGR () Delete
Name: HANWAY, THOMAS B
Address: 1234 ORANGE AVE
City-St-Zip: DUNEDIN, FL 32698

Title: MGR () Delete
Name: HANWAY, KENNETH M
Address: 515 LEFFINGWELL AVE, #111
City-St-Zip: ELLENTON, FL 34222

Title: MGR () Delete
Name: MCDEVEITT, KELEEN A
Address: 2911 WOOD STREET
City-St-Zip: SARASOTA, FL 34236

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

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

Title: MGR () Change (X) Addition
Name: BOZARTH, HARRY
Address: 320 SCARLETT BLVD
City-St-Zip: OLDSMAR, FL 34677

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 D HANWAY

MGRM

03/19/2009

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