## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111693

Entity Name: 2ND WIND AFFILIATES, LLC

FILED Apr 28, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

320 SCARLETT BLVD 154 STATE STREET EAST OLDSMAR, FL 34677 OLDSMAR, FL 34677

Current Mailing Address: New Mailing Address:

P.O. BOX 19319 154 STATE STREET EAST SARASOTA, FL 34276 0LDSMAR, FL 34677

FEI Number: 26-1432681 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TRACY, CATHERINE L

2058 CONSTITUTION BLVD

SARASOTA, FL 34231 US

HANWAY, THOMAS D

154 STATE STREET EAST
OLDSMAR, FL 34677 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 D. HANWAY 04/28/2010

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: HANWAY, THOMAS D Address: 320 SCARLETT BLVD City-St-Zip: OLDSMAR, FL 34677

Title: MGR

 Name:
 HANWAY, CHRISTOPHER

 Address:
 1089 IDLEWILD DRIVE SOUTH

 City-St-Zip:
 DUNEDIN, FL 34698

Title: MGR

Name: HANWAY, THOMAS B Address: 1234 ORANGE AVE City-St-Zip: DUNEDIN, FL 32698

Title: MGR

 Name:
 HANWAY, KENNETH M

 Address:
 515 LEFFINGWELL AVE, #111

 City-St-Zip:
 ELLENTON, FL 34222

Title: MGR

Name: MCDEVEITT, KELEEN A Address: 2911 WOOD STREET City-St-Zip: SARASOTA, FL 34236

Title: MGR

Name: BOZARTH, HARRY
Address: 320 SCARLETT BLVD
City-St-Zip: OLDSMAR, FL 34677

I hereby 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 Statues.

SIGNATURE: THOMAS D. HANWAY MGMR 04/28/2010

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