

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000089359

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** TRADEWINDS MOBILE HOME PARK, LLC

**Current Principal Place of Business:**

1910 ROCKLEDGE BLVD  
SUITE 101  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

1910 ROCKLEDGE BLVD  
SUITE 101  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 27-3369865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, CHRISTOPHER  
150 FORTENBERRY ROAD  
VILLA A  
MERRITT ISLAND, FL 32952 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:** MGR  
**Name:** IBRAHIM AND HAROON REALESTATE INC  
**Address:** 1910 ROCKLEDGE BLVD  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** MGRM  
**Name:** NIAZI, WASIM  
**Address:** 1910 ROCKLEDGE BLVD  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** MGRM  
**Name:** NIAZI, ZAKI  
**Address:** 14825 WILLIS ROAD  
**City-St-Zip:** HOUSTON, TX 77039

**Title:** MGRM  
**Name:** NIAZI, RAZI  
**Address:** 14825 WILLIS ROAD  
**City-St-Zip:** HOUSTON, TX 77039

**Title:** MGRM  
**Name:** NIAZI, NAEEM  
**Address:** 14825 WILLIS ROAD  
**City-St-Zip:** HOUSTON, TX 77039

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 Statutes.

**SIGNATURE:** WASIM NIAZI

MGR

01/06/2012

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