

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar. 15, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L97000000533

1. Entity Name

TRADEWINDS OF ANNA MARIA, L.C.



Principal Place of Business

1603 GULF DRIVE NORTH  
BRADENTON, FL 34217

Mailing Address

1603 GULF DRIVE NORTH  
BRADENTON, FL 34217



03122004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

58-2319717

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

5. Name and Address of Current Registered Agent

KAKLIS, V. WILLIAM  
1400 FOURTH AVENUE WEST  
BRADENTON, FL 34205

**DO NOT WRITE  
IN THIS SPACE**

6. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	BLINKOFF, MICHAEL M
STREET ADDRESS	2746 DELAWARE AVE
CITY- ST- ZIP	KENMORE, NY 14217
TITLE	MGRM
NAME	ALSHEIMER, RONALD Y
STREET ADDRESS	2558 DELAWARE AVE
CITY- ST- ZIP	BUFFALO, NY 14216
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1000000099632  
03/15/04-80100-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-10-04 716  
8758916