

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90089 031 ****50.00

DOCUMENT # L97000000533					
1. Entity Name TRADEWINDS OF ANNA MARIA, L.C.					
Principal Place of Business 2746 DELAWARE AVENUE KENMORE, NY 14217			Mailing Address 2746 DELAWARE AVENUE KENMORE, NY 14217		
2. Principal Place of Business - No P.O. Box # 1207 DELAWARE AVE Suite, Apt. #, etc. Suite 108		3. Mailing Address 1207 DELAWARE AVE Suite, Apt. #, etc. Suite 108			
City & State Buffalo, NY		City & State Buffalo, NY		01162007 Chg-LLC CR2E083 (12/06)	
Zip 14209		Country USA		4. FEI Number 58-2319717	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KAKLIS, V. WILLIAM 1400 FOURTH AVENUE WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLINKOFF, MICHAEL M 2746 DELAWARE AVE KENMORE, NY 14217	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALSHEIMER, RONALD Y 1207 DELAWARE AVENUE BUFFALO, NY 14209	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.					
SIGNATURE: - michael Blinkoff 1-16-07 716 8958916					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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