

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

3/1

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-11-2003 90021 028 ****55.00

DOCUMENT # L02000018865



1. Entity Name
TROPICAL HOLDINGS, LLC

Principal Place of Business 304 S. HARBOR CITY BOULEVARD, SUITE 201 MELBOURNE FL 32901	Mailing Address 304 S. HARBOR CITY BOULEVARD, SUITE 201 MELBOURNE FL 32901
--	--

2. Principal Place of Business 1111 Kennedy Court	3. Mailing Address 1111 Kennedy Court
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1

City & State Titusville, FL	City & State Titusville, FL
Zip 32780	Zip 32780
Country USA	Country USA

4. FEI Number
47-0880134

Applied For
<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DETTMER, DALE A ESQ		Name	
304 S. HARBOR CITY BOULEVARD, SUITE 201		Street Address (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32901		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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Walter O. Ferrero <i>MANAGING PARTNER</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1111 Kennedy Court, Suite 1		
	Titusville, FL 32780		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Oscar M. Ferrero <i>PARTNER</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	1111 Kennedy Court, Suite 1		
	Titusville, FL 32780		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Walter Ferrero* **Walter Ferrero** 2-1-03 (321)385-1465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)