


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000029874
 1. Entity Name
 TROPICAL GARDENS HOLDINGS II, LLC



Principal Place of Business: 13 S.W. 7TH ST. MIAMI, FL 33130
 Mailing Address: 13 S.W. 7TH ST. MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE



01062004 No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 57-1136599 Applied For: Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 LATTERNER, MICHAEL
 MICHAEL LATTERNER & ASSOCIATES, INC.
 13 S.W. 7TH ST.
 MIAMI, FL 33130

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

Filing Fee is \$50.00 Due by May 1, 2004 L000000090836
03/17/04-80037-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LATTERNER, MICHAEL 13 S.W. 7TH ST. MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ROSEN, WAYNE 441 VALENCIA AVE., STE. 703 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 of assets empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  3-12-04 305-372-1266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #