

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000032487

FILED  
Feb 10, 2003  
Secretary of State

Entity Name: TROPICAL SPACE, LLC

**Current Principal Place of Business:**

4280 WINDOVER WAY  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

4280 WINDOVER WAY  
MELBOURNE, FL 32934

**New Mailing Address:**

FEI Number: 38-3667909

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ANDERSON, J. PATRICK  
930 S. HARBOR CITY BOULEVARD, SUITE 505  
MELBOURNE, FL 32901 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: KARLIN, ERIC P  
Address: 4280 WINDOVER WAY  
City-St-Zip: MELBOURNE, FL 32934

Title: MGR ( ) Delete  
Name: CHEWNING, THOMAS O  
Address: 5367 SOLWAY DRIVE  
City-St-Zip: MELBOURNE BEACH, FL 32951

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERIC P KARLIN

MGR

02/10/2003

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