

LD4000020496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

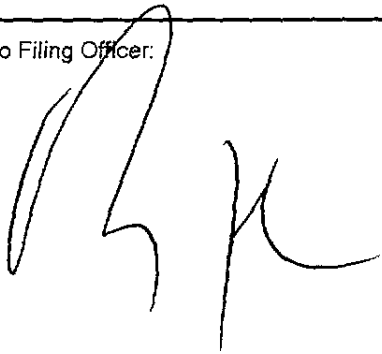
PICK-UP  WAIT  MAIL

(Business Entity Name)

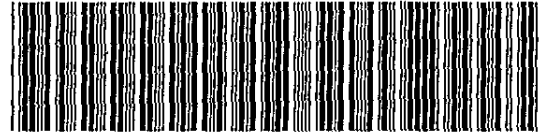
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Tropical Dream, LLC  
4519 S. Florida Ave.  
Inverness, FL 34450

Division of Corporations  
Florida Dept of State  
P.O. Box 6327  
Tallahassee, FL 32314

February 4<sup>th</sup>, 2005

Dear Sirs,

Enclosed is our statement of change for both our registered office and registered agent, with the \$25 processing fee.

Please also correct your website public records which show 'FEIN: None' to show 'FEIN #20-0888028' (effective since March 22<sup>nd</sup> 2004).

Thanks!

*John R Brill*

JOHN R. BRILL, Secretary-Treasurer  
TROPICAL DREAM, LLC  
FL Document # L04000020496

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Tropical Dream, LLC

2. The mailing address of the limited liability company is 4519 S. FLORIDA AVENUE  
INVERNESS, FL 34450

March 16th, 2004 L04000020496  
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

A1A Registered Agent Inc  
Name  
92 Sadberry Rd  
Address  
Quincy FL 32351  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Loren D. Armstrong  
Name  
4519 S. Florida Ave  
Florida street address (P.O. Box NOT acceptable)  
Inverness, FL 34450  
City, State and Zip

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

John R Brill  
(Signature of a member or authorized representative of a member)

John R. Brill, Secretary-Treasurer  
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Loren D. Armstrong  
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314