


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90573 003 ****50.00

DOCUMENT # L04000020496			
1. Entity Name TROPICAL DREAM, LLC			
Principal Place of Business 4519 S. FLORIDA AVENUE INVERNESS, FL 34450		Mailing Address 4519 S. FLORIDA AVENUE INVERNESS, FL 34450	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ARMSTRONG, LOREN D 4519 S. FLORIDA AVENUE INVERNESS, FL 34450		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 re-registering) _____ DATE _____			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMSTRONG, LOREN 0215 EAST ROAN LANE INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER-MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4519 S. FLORIDA AVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMSTRONG, DENNY 2101 S COLONIAL HOMOSSASSA, FL 34450 <input checked="" 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	MGR KONCHAN, RICHARD 315 CABOT ST. INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER-MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EWRY, TIM 0215 EAST ROAN LANE INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER-MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4519 S. FLORIDA AVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EWRY, TAMMY 0215 EAST ROAN LANE INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER-MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4519 S. FLORIDA AVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ASSISTANT MGR <input type="checkbox"/> Delete BRILL, JOHN R 5154 S. KENNETH TERR FLORAL CITY FL 34436 <i>JTB</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ASSISTANT MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BRILL, JOHN R 5154 S. KENNETH TERR FLORAL CITY FL 34436
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: <i>Loren D Armstrong</i>		Date: <i>4/10/05</i> <i>352-841-2619</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____			

ATTACHMENT

20059422

#L64000020496

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

Florida Dept of State –
Division of Corporations
P.O. Box 6478
Tallahassee FL 32314
Attn: Mr Buck Kohr

RETRANSMITTAL

Dear Sirs,

April 25th, 2005

Enclosed is our annual UBR report and the associated fee of \$50 for Tropical Dream, LLC.
Changes reflected in this report:

- Managing members listed as 'managers' previously are now listed as 'Member-managers'.
- Denny Armstrong is no longer listed as a member manager, since he declined to participate.
- John Brill was added as a non-owning non-voting manager for 2005.

There were no business operations in 2004. Start of operations was delayed to 1 March 2005 as we resolved a permanent physical business location.

Tropical Dream, LLC is the business operating 'Rockabilly.US' music shows, the Rockabilly.US website, and sales of related novelty items and apparel. The business phone number at the new location is 352-341-2619.

John R Brill

John R. Brill
Corporate Secretary-Treasurer /Business Rep

RETRANSMITTAL w/ MONEY ORDER per your letter received 5.
Please note the hand-corrected entry for the title of
JOHN BRILL. it should be 'Assistant Manager' rather than
'manager'. The members agreed with this correction to eliminate
possible confusion of the 'manager' title with the position of
'band manager' (which is Loren Armstrong)

I found the original money order (enclosed) which appears to
have electrostatically stuck to the back of a page not sent, white side out.
Sorry about my oversight. Sincerely, [Signature]

ORIGINAL PURCHASE on 4-28

HERNANDO POST OFFICE
HERNANDO, Florida
344429998

04/28/2005 1143840530-0097 12:13:09 PM
(352)726-4345

Sales Receipt		
Product Description	Sale Qty	Final Price
Dom. Money Order 06650679025		\$50.00
Domestic Money Order Fee		\$0.90
Subtotal:		\$50.90

Total: \$50.90
Paid by: Cash \$50.90

Bill #: 1000302000665
Clerk: 03

— All sales final on stamps and postage. —
Refunds for guaranteed services only.
Thank you for your business.
Customer Copy

HERNANDO POST OFFICE
HERNANDO, Florida
344429998

04/28/2005 1143840530-0097 12:28:24 PM
(352)726-4345

Sales Receipt		
Product Description	Sale Qty	Final Price
TALLAHASSEE FL 32314		\$0.37
First-Class Certified		\$2.30
Label Serial #: 70042890000018084881		*****
Issue PVI:		\$2.67
37c Purple Heart PSA	4	\$1.48
Total:		\$4.15

Paid by: Debit Card \$4.15
Account # XXXXXXXXXXXX8162 Exp. 05/08
Approval #: 161725
Transaction #: 190
Receipt #: 23 903300531 002615

Order stamps at USPS.com/shop or call 1-800-Stamp24. Go to USPS.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.
Bill #: 1000302000731
Clerk: 03

— All sales final on stamps and postage. —
Refunds for guaranteed services only.
Thank you for your business.
Customer Copy

ATTACHMENT

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