2001 UNIFORM BUSINESS REPORT (UBR)

000858

DOCUMENT # L99000002788

1. Entity Name

TROPICART, L.L.C.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
65 KING STREET ST. AUGUSTINE FL 32084-1588	P.O. BOX 1588 PONTE VEDRA BEACH FL 32004-1588

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
65 King Street Suite, Apt. #, etc.	45 King Street Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, Florida
Zip: 32084 Country: St. John's	Zip: 32084 Country: St. John's

4. FEI Number 59-3579420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLACKBURN, DENNIS L SUITE 200, SOUTHPOINT BUILDING 6620 SOUTHPOINT DRIVE, SOUTH JACKSONVILLE FL 32216	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SWEENEY, WILLIAM F 12445 OLD STILL ROAD PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SWEENEY, LINDA 12445 OLD STILL ROAD PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600004609636--2 -09/25/01--01009--017 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WEEKS, WILLIAM C JR 5109 OTTER CREEK DRIVE PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR William C. Weeks, Jr. 860 Red Fox Trail St. Augustine, FL 32086	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WEEKS, A. KAREN KING 5109 OTTER CREEK DRIVE PONTE VEDRA BEACH FL 32082	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR A. Karen King-Weeks 860 Red Fox Trail St. Augustine, FL 32086	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

STAPLE CHECK HERE

CR2E083 (5/01)

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: x A. Karen King-Weeks A. Karen King-Weeks 9/5/2001 904-797-0653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #