2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2004
Secretary of State

DOCUMENT# L99000002788

Entity Name: TROPICART, L.L.C.

Current Principal Place of Business:

65 RING STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

65 KING STREET
ST. AUGUSTINE, FL 32084

Current Mailing Address:

65 RING STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

200 WALER WAY #5
ST. AUGUSTINE, FL 32086

FEI Number: 59-3579420 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REINSCH, MARK
2700 LAKE SHORE BLVD.
JACKSONVILLE, FL 32210 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:	SWEENEY, WILLIAM F	
Address:	12445 OLD STILL ROAD	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	MGR	( ) Delete
Name:	SWEENEY, LINDA	
Address:	12445 OLD STILL ROAD	
City-St-Zip:	PONTE VEDRA BEACH, FL 32082	
Title:	MGR	( ) Delete
Name:	WEEKS, WILLIAM C JR	
Address:	860 RED FOX TRAIL	
City-St-Zip:	ST. AUGUSTINE, FL 32086	
Title:	MGR	( ) Delete
Name:	A. KAREN KING-WEEKS,	
Address:	860 RED FOX TRAIL	
City-St-Zip:	ST. AUGUSTINE, FL 32086	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: A. KAREN KING-WEEKS MGR 03/25/2004

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