

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007277

Entity Name: TROPILAWNS, LC

FILED
Apr 28, 2005
Secretary of State

Current Principal Place of Business:

1786 SW BILTMORE STREET
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

14920 ORANGE AVE.
FT. PIERCE, FL 34945

Current Mailing Address:

P.O. BOX 7062
PORT ST. LUCIE, FL 34985

New Mailing Address:

P.O. BOX 13448
FT. PIERCE, FL 34979

FEI Number: 65-1021559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WADSWORTH, CHRISTOPHER W
1786 SW BILTMORE STREET
PORT ST. LUCIE, FL 34984 US

Name and Address of New Registered Agent:

WADSWORTH, CHRISTOPHER W
14920 ORANGE AVE.
FT. PIERCE, FL 34945 US

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:

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MOORE, GAYLE L
Address: 1786 SW BILTMORE STREET
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: MGRM () Delete
Name: PURVIS, JOHN S
Address: 1786 SW BILTMORE STREET
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: MGRM () Delete
Name: WADSWORTH, CHRISTOPHER W
Address: 3040 SW CAPTIVA COURT
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MOORE, GAYLE L
Address: 14920 ORANGE AVE.
City-St-Zip: FT. PIERCE, FL 34945

Title: MGRM (X) Change () Addition
Name: PURVIS, JOHN S
Address: 14920 ORANGE AVE.
City-St-Zip: FT. PIERCE, FL 34945

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: GAYLE MOORE

MGRM

04/28/2005

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