

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011236

1. Entity Name

TROPIC ISLE DEVELOPMENT, LLC

Principal Place of Business

Mailing Address

900 DOGWOOD DRIVE, BUILDING 8, APT. 136
DELRAY BEACH FL 33483-4927

900 DOGWOOD DRIVE, BUILDING 8, APT. 136
DELRAY BEACH FL 33483-4927

2. Principal Place of Business

3. Mailing Address

911 S.E. 6th Avenue

Suite, Apt. #, etc.

Suite # 111

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

33483

Country

U.S.A.

Zip

Country

4. FEI Number

65-1040646

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

BENES, EDGAR A ESQ.

951 BROKEN SOUND PARKWAY, N.W., SUITE 100

BOCA RATON FL 33487

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Manager
Clifford T. Fine
911 S.E. 6th Avenue, # 111
Delray Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
Manager
Ronald L. Pitocchelli
900 Dogwood Drive, Bldg. 8, Apt. 136
Delray Beach, FL 33483

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
7000003959517--1
-04/04/01--01092--001
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/20/01 561-274-4433

CR2E083 (11/00)

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AT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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