

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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01 APR 27 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000012961

1. Entity Name
TROPICAL BREEZE MOTEL, L.L.C.

| | |
|--|---|
| Principal Place of Business 2007 NORTH OCEAN DR. HOLLYWOOD FL 33019 | Mailing Address 2007 NORTH OCEAN DR HOLLYWOOD FL 33019 |
|--|---|

| | |
|---|-----------------------------------|
| 2. Principal Place of Business SAME | 3. Mailing Address SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

4. FEI Number 65-1048784

Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name SAME

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 _____ (NOT: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

800004221578--2
-05/17/01--01019--009
*****50.00 *****50.00

| 9. MANAGING MEMBERS/MEMBERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OPERATING MANAGER <input type="checkbox"/> Delete NOJIN KOVACEVIC 2007 N. OCEAN DRIVE, HOLLYWOOD, FL 33019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE OPERATING MANAGER <input type="checkbox"/> Delete VESNA M. KOVACEVIC 2007 N. OCEAN DRIVE HOLLYWOOD, FL, 33019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY <input type="checkbox"/> Delete VESNA M. KOVACEVIC 2007 N. OCEAN DRIVE HOLLYWOOD, FL, 33019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER <input type="checkbox"/> Delete VESNA M. KOVACEVIC 2007 N. OCEAN DRIVE HOLLYWOOD, FL, 33019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Vesna Kovacevic **REQUIRE**

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

Date _____ Daytime Phone # _____

CR2E083 (11/00)