## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000012961  1. Entity Name  TROPICAL BREEZE MOTEL, L.L.C.				Apr 30, 2005 08:00 AM Secretary of State	
Principal Plac	e of Business	Mailing Address		-	- · · · · · · · · · · · · · · · · · · ·
2007 NORTH	H OCEAN DR. DD FL 33019	2007 NORTH OCEAN I HOLLYWOOD FL 3301			
2. Principal P	lace of Business	3. Mailing Address			
Suite, Apt. #, etc City & State		Suite, Apt. #, etc.			1st MOORE CR2E083 (10/04)
City & State		City & State			4. FEI Number 65-1048784 Applied For Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired
	6. Name and Address of Current R	egistered Agent		Name	7. Name and Address of New Registered Agent
343	EGEL & UTRERA, P.A. ALMERIA AVENUE RAL GABLES FL 33134			Street Address	ss (P.O. Box Number is Not Acceptable)
COF	al gables fl 33134			City	FL Zip Code
	named entity submits this statement for any stat	the purpose of changing its	registere	ed office or registe	stered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable (NOT)	E Registere	d Agent signature require	ured when reinstaking)
		Make Check Payab	le to Flo	FEE IS \$50.00 orida Departme ay 1, 2005	
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/CHANGES
HTLE NAME STREET ADDRESS CITY ST-ZIP	OMGR KOVACEVIC, VOJIN 2007 NORTH OCEAN DR. HOLLYWOOD FL 33019	☐ Delete			☐ Change ☐ Addilio
RILE NAME STREET ADDRESS CITY: ST-ZIP	V PERVAN, VERA F 2007 NORTH OCEAN DR. HOLLYWOOD FL 33019	☐ Delete		I	☐ Change ☐ Additio U00000349963 05/02/05~80086-012 50.00
TOTLE NAME STREET ADDRESS CHY+ST-ZIP	ST PERVAN, VERA F 2007 NORTH OCEAN DR. HOLLYWOOD FL 33019	☐ Delete	3	<b>I</b>	☐ Change ☐ Addilto
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1 1		☐ Change ☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			∴ Change
THLE NAME STREET ADDRESS CITY+ST-ZIP		□ Delete		- 1	☐ Change ☐ Addition
11. I hereby indicated limited lia	certify that the information supplied with t I on this report is true and accurate and the ability company or the receiver or trustee	his filing does not qualify for hat my signature shall have empowered to execute this	r the exe the same report as	mption stated in Se e legal effect as if s required by Cha	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a managing member or manager of the napter 608, Florida Statutes.

SIGNATURE: YERA F. PERVAN, MANAGER DEA F. PERVAN, MANAGER DEA F. PERVAN DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Description Profession

**FILED**