



2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000015380 1. Entity Name EL TROPICO LLC	
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Principal Place of Business 8391 N.W. 12TH ST. MIAMI, FL 33126	Mailing Address 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE

FILED
2004 MAY 14 PM 12:17
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



04262004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-1062823	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WORLD CORPORATE SERVICES, INC. 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

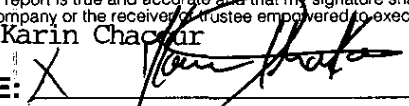
Filing Fee is \$50.00 Due by May 1, 2004

900036268109
 05/13/04--01057--004 **541.25

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	CHACOUR, KARIN
STREET ADDRESS	8391 N.W. 12TH ST.
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

Karin Chacour

SIGNATURE: X

3/19/04 (305) 858-9900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #