#### 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L01000006739

1. Entity Name TROPICAL VACATION RENTALS, LLC

Principal Place of Business

21702 ASTURIAS ROAD SUMMERLAND KEY, FL 33042 Mailing Address

21702 ASTURIAS ROAD SUMMERLAND KEY, FL 33042

# FILED Apr 26, 2004 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1099677 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, AGNES M 21702 ASTURIAS ROAD SUMMERLAND KEY, FL 33042

## DO NOT WRITE IN THIS SPACE

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 Signature: Supplier or printer/harms of registered eigent and trie 4 applicable. (NOTE Regis		(NOTE: Registered Agent signalure required when renstating)	4/22/04
Filing Fee is \$50.00 Due by May 1, 2004			000000131565 04/27/04-80010-016 50.00
g.	MANAGING MEMBERS/MANAGERS	The second secon	
TITLE NAME STREET ADDRESS CITY-57-ZP	MGR SMITH, AGNES 21702 ASTURIAS RD SUMMERLAND KEY, FL 33042	The state services of the services	and the second section of the second
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
THTLE NAME		e sa una pe	e transfer to the second authorities are
STHEET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
ntle Name Street adoress City-St-Zip		IN T	HIS SPACE
title Name Street Address Oxty-St-Zip		A COMPANIENCE STATE OF THE STAT	tento April India de Carlo de
TITLE NAME STREET ADDRESS CHTY-ST-BP			
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.			

HING MANAGEG MEMBER, OR AUTHORIZED REPRESENTATIVE