


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000006739 1. Entity Name TROPICAL VACATION RENTALS, LLC	
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Principal Place of Business 21702 ASTURIAS ROAD SUMMERLAND KEY, FL 33042	Mailing Address 21702 ASTURIAS ROAD SUMMERLAND KEY, FL 33042
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DO NOT WRITE IN THIS SPACE



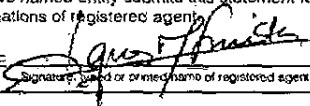
04222004No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1099677	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 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 	DATE <u>4/22/04</u>
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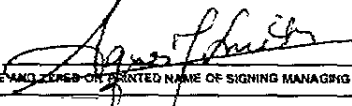
**Filing Fee is \$50.00
Due by May 1, 2004**

000000131565
04/27/04-80010-016 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, AGNES 21702 ASTURIAS RD SUMMERLAND KEY, FL 33042
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IN THIS SPACE**

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: 	DATE <u>4/22/04</u> (305) 745-1700
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