


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000008458
 1. Entity Name
 TROPIC SPIRAL SYSTEMS, LLC



Principal Place of Business Mailing Address
 151 N HOB HILL RD SUITE 231 151 N HOB HILL RD SUITE 231
 PLANTATION, FL 33324 PLANTATION, FL 33324



DO NOT WRITE IN THIS SPACE

04132005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1115833	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

ANTONIOU, THEOPHILOS
 151 N. NOB HILL RD., #231
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANTONIOU, THEOPHILOS 10161 S.W. 1ST STREET PLANTATION, FL 33324
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 04/22/05-80090-009 50.00

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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.

SIGNATURE: Theo. Antoniou 18-Apr-2005 800-676-6620

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