2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009591

Entity Name: TROPICAL VENTURES LLC

FILED Jul 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

293 MEADOW BEAUTY TERRACE 2024 COURTYARD LOOP #104

SANFORD, FL 32771 SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

293 MEADOW BEAUTY TERRACE 2024 COURTYARD LOOP #104

SANFORD, FL 32771 SANFORD, FL 32771

FEI Number: 59-3731464 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.

SHEPHARD, MCCABE AND COOLEY
STATE ROAD 434

SUITE 201 STATE ROAD 434
SUITE 201 LONGWOOD, FL 32750 US
ORLANDO, FL 32802 US

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.

ADDITIONS/CHANGES:

(X) Change () Addition

SIGNATURE: JIM SHEPHARD 07/21/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

e: MGRM () Delete

Name: LUPORI, JEAN PIERRE Address: 293 MEADOW BEAUTY TERRACE Address: 2024 COURTYARD LOOP #104

 City-St-Zip:
 SANFORD, FL 32771
 City-St-Zip:
 SANFORD, FL 32771

Title: () Delete Title: MGRM () Change (X) Addition

 Name:
 Name:
 LUPORI, SUZANNE M

 Address:
 Address:
 2024 COURTYARD LOOP #104

 City-St-Zip:
 City-St-Zip:
 SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SUZANNE M. LUPORI MGRM 07/21/2004