2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022187

City-St-Zip:

Entity Name: TROPICAL BREEZE RESORT OF SIESTA KEY, LLC

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5150 OCEAN BLVD 153 AVENIDA MESSINA SARASOTA, FL 34242 SARASOTA, FL 34242 **Current Mailing Address: New Mailing Address:** 5150 OCEAN BLVD 153 AVENIDA MESSINA SARASOTA, FL 34242 SARASOTA, FL 34242 FEI Number: 80-0003319 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: HARRISON, R. CRAIG 1605 MAIN STREET **SUITE 1111** SARASOTA, FL 34236 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: (X) Change () Addition () Delete DEAR, RICHARD DEAR, RICHARD Name: Name: Address: 110 BEACH RD Address: PO BOX 2383 City-St-Zip: SARASOTA, FL 34242 City-St-Zip: SARASOTA, FL 34242 Title: Title: MGR () Change (X) Addition () Delete Name: Name: BOWLES, DAVID Address: Address: 2700 S TAMIAMI TRAIL City-St-Zip: City-St-Zip: SARASOTA, FL 34239 Title: () Delete Title: MGR () Change (X) Addition ESSLINGER, ROGER Name: Name: Address: Address: 181 ELMWOOD AVE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

EAST AURORA, NY 14062

SIGNATURE: RICHARD DEAR MGR 04/27/2007