2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2004 8:00 am Secretary of State

DOCUMENT # L02000007315 1. Entity Name TROPICAL VILLAS, LLC							04-30-2004 90067 004 ****50.00				
Principal Place	e of Business	ı	Mailing Address								
4321 NE 21 AVE.			800 EWING LN.			ļ					
FORT LAUDERDALE, FL 33308			BURNSVILLE, NC 28714				24060597				
2. Principal Place of Business		3	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			=	04272004	Chg-LLC	CR2E08	3 (10/03)	
City & State			City & State				4. FEI Numb 02-061				plied For t Applicable
Zip	Country		Zip	Cour	ntry		5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address of C	urrent Reg	istered Agent		T	,	7. Name and	d Address of New Re			,
			•		Name					-	
EWING, PAUL R II 2701 NE 5TH ST. POMPANO BEACH, FL 33062					Street Address (P.O. Box Number is Not Acceptable)						
FOIVIFAING		•									
					City				FL	Zip Code	9
	named entity submits this stater ions of registered agent.	ment for the	e purpose of changing its	register	ed office or	register	ed agent, or bo	oth, in the State of Flor	rida. I am fa	amiliar with,	and accept
SIGNATURE .			,				•				i
SIGNATURE .	Signature, typed or printed name of register	red agent and til	tle if applicable. (NOTE	Registere	ed Agent signat.	ne required	when reinstating)	4-	DATE		
Filing Fee is \$50.00 Due by May 1, 2004						Make check payable to Florida Department of State					
9.	MANAGING N	MEMBERS/	/MANAGERS								
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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 ecciver or trastee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #