


**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90102 005 \*\*\*\*50.00

0073756

<b>DOCUMENT # L02000007315</b>	
1. Entity Name <b>TROPICAL VILLAS, LLC</b>	

Principal Place of Business <b>4321 NE 21 AVE FT LAUDERDALE, FL 33308</b>	Mailing Address <del>FT. G BOX 925</del> <b>800 EWING LN BURNSVILLE NC 28714</b>
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2. Principal Place of Business <b>4321 NE 21 AVE</b>	3. Mailing Address <b>800 EWING LN</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FT LAUDERDALE, FL</b>	City & State <b>BURNSVILLE, NC</b>
Zip <b>33308</b>	Zip <b>28714</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>02-0610312</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required



CHECK HERE IF MAKING CHANGES.

6. Name and Address of Current Registered Agent <b>EWING, PAUL R II 2701 NE 5TH ST. POMPANO BEACH FL 33062</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>EWING, PAUL</b>	
STREET ADDRESS <del>FT. G BOX 925</del>	
CITY-ST-ZIP <b>BURNSVILLE NC 28714</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EWING, PAUL</b>	
STREET ADDRESS <b>800 EWING LN</b>	
CITY-ST-ZIP <b>BURNSVILLE, NC 28714</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** \_\_\_\_\_ **4/24/03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)