

**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

DOCUMENT # L02000007315

1. Entity Name
TROPICAL VILLAS, LLC



Principal Place of Business: **4321 NE 21 AVE FT LAUDERDALE, FL 33308**

Mailing Address: ~~FT. G BOX 925~~ **800 EWING LN BURNSVILLE NC 28714**

2. Principal Place of Business: **4321 NE 21 AVE**

3. Mailing Address: **800 EWING LN**

Suite, Apt. #, etc.

City & State: **FT LAUDERDALE, FL**

City & State: **BURNSVILLE, NC**

Zip: **33308** Country: **USA**

Zip: **28714** Country: **USA**

4. FEI Number: **02-0610312**

Applied For: Not Applicable

5. Certificate of Status Desired: **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES.

6. Name and Address of Current Registered Agent

EWING, PAUL R II
2701 NE 5TH ST.
POMPANO BEACH FL 33062

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ State: **FL** 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: _____ DATE: _____

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE: MGR	<input type="checkbox"/> Delete
NAME: EWING, PAUL	
STREET ADDRESS: FT. G BOX 925	
CITY-ST-ZIP: BURNSVILLE NC 28714	
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: MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: EWING, PAUL	
STREET ADDRESS: 800 EWING LN	
CITY-ST-ZIP: BURNSVILLE, NC 28714	
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)