


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000009861
 1. Entity Name
 TROPIQUES D'AZURES INVESTMENTS, L.L.C.



Principal Place of Business
 2858 LONE PINE LANE
 NAPLES, FL

Mailing Address
 PO BOX 111365
 NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 02-0571942	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
 ROSS, DONALD K JR ESQ
 2640 GOLDEN GATE PARKWAY, SUITE 206
 NAPLES, FL

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


Filing Fee is \$50.00
Due by May 1, 2005

U00000175510
 01/10/05 80053 017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EYNAND, RAYMOND P 2858 CONT PINE LANE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S EYNAND, LINDA L 2858 CONT PINE LANE NAPLES, FL 34119
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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:  **05 JAN 05** **239 595 0384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #