


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

7/6/2004-90:

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90155 006 \*\*\*\*50.00

<b>DOCUMENT # L02000027725</b>			
1. Entity Name <b>TROPICAL TREASURE, LC</b>			
Principal Place of Business 1227 GINGER CIRCLE WESTON, FL 33326 US		Mailing Address 1227 GINGER CIRCLE WESTON, FL 33326 US	
2. Principal Place of Business 3561 79 Davie Blvd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Ft Lauderdale, FL 33312		City & State	
Zip 33312	Country USA	Zip	Country
4. FEI Number APPLIED FOR 04 3734538		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent WEZKIEWICZ, JOSEPH JR 1227 GINGER CIRCLE WESTON, FL-33326		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <small>(NOTE: Registered Agent signature required when reissuing)</small>	
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEZKIEWICZ, JR., JOSEPH 1227 GINGER CIRCLE WESTON, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALDES-WEZKIEWICZ, YOLANDA M 1227 GINGER CIRCLE WESTON, FL 33326 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Joseph Wezkiewicz</u>		SIGNATURE: <u>Yolanda Wezkiewicz</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBERS, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: <u>1 July</u> Daytime Phone #	