

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027725

FILED
Jan 12, 2006
Secretary of State

Entity Name: TROPICAL TREASURE, LC

Current Principal Place of Business:

3561- 79 DAVIE BLVD
FORT LAUDERDALE, FL 33312 US

New Principal Place of Business:

Current Mailing Address:

1227 GINGER CIRCLE
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 04-3734538

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEZKIEWICZ, JOSEPH JR
1227 GINGER CIRCLE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEZKIEWICZ, JR., JOSEPH
Address: 1227 GINGER CIRCLE
City-St-Zip: WESTON, FL 33326

Title: MGRM () Delete
Name: VALDES-WEZKIEWICZ, YOLANDA M
Address: 1227 GINGER CIRCLE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH WEZKIEWICZ

MGRM

01/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date