

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

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90236 049 ****50.00

DOCUMENT # L02000027725

1. Entity Name

TROPICAL TREASURE, LC



DO NOT WRITE IN THIS SPACE

20009002

2. Principal Place of Business

1227 Ginger Circle

3. Mailing Address

1227 Ginger Circle

**Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Weston, FL

City & State
Weston, FL

4. FEI Number

Applied For
 Not Applicable

Zip
33326

Country
USA

Zip
33326

Country
USA

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Joseph Wezkiewicz, Jr.

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

1227 Ginger Circle

City Weston

FL Zip Code
33326

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Joseph Wezkiewicz, Jr. 1227 Ginger Circle, Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Yolanda M. Valdes-Wezkiewicz 1227 Ginger Circle, Weston, FL 33326
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IN THIS SPACE**

CR2E083B (12/02)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

12 JAN 03 954 791 4500

Date Daytime Phone #