

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90081 001 ***100.00

34000103

DOCUMENT # L02000030485

1. Entity Name
TROPIC ISLE II, LLC



Principal Place of Business
**911 SE 6TH AVE. SUITE 111
DELRAY BEACH, FL 33483**

Mailing Address
**911 SE 6TH AVE. SUITE 111
DELRAY BEACH, FL 33483**

DO NOT WRITE IN THIS SPACE

01192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
02-0654448

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FINE, CLIFFORD
911 SE 6TH AVE. SUITE 111
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FINE, CLIFFORD T
932 ALLAMANDA DRIVE
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FREEMAN, ROSS M
917 BANYAN DRIVE
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FREEMAN, KELLI A
917 BANYAN DRIVE
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

MGRM

Date

1-30-04

Daytime Phone #

(561) 274-4433