

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000012793

FILED
May 03, 2004
Secretary of State

Entity Name: TROPICAL OASIS, LLC

Current Principal Place of Business:

6995 82ND AVE
BAY # 3
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

6995 82ND AVE
BAY # 3
MIAMI, FL 33166

New Mailing Address:

FEI Number: 80-0058776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OBREGON, EDGARDO
6995 82ND AVE
BAY # 3
MIAMI, FL 33166 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/MEMBERS:

Title: MGR () Delete
Name: OBREGON, EDGARDO PRS
Address: 6995 N W 82ND AVE BAY 33
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: OBREGON, ARLYNE VPS
Address: 6995 N W 82ND AVE BAY 33
City-St-Zip: MIAMI, FL 33166

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 Section 119.07(3)(i), 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: EDGARDO OBREGON

MGR

05/03/2004

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