## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000012793

Entity Name: TROPICAL OASIS, LLC

FILED Apr 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6995 82ND AVE BAY # 33 MIAMI, FL 33166

Current Mailing Address: New Mailing Address:

6995 82ND AVE BAY # 33 MIAMI, FL 33166

FEI Number: 80-0058776 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OBREGON, EDGARDO 6995 82ND AVE BAY # 33 MIAMI, FL 33166 US

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

Electronic dignatare of registered rige

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

**PRES** Title: (X) Change ( ) Addition () Delete OBREGON, EDGARDO PRS OBREGON, EDGARDO GM Name: Name: Address: 6995 N W 82ND AVE BAY 33 Address: 6995 N W 82ND AVE BAY 33 City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: OBREGON, ARLYNE VPS Name: GARCIA, ARMANDO GM

Address: 6995 N W 82ND AVE BAY 33 Address: 6995 N W 82ND AVE BAY 33

City-St-Zip: MIAMI, FL 33166 City-St-Zip: MIAMI, FL 33166

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: EDGARDO OBREGON PRES 04/05/2007