

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024986

FILED  
Aug 01, 2004  
Secretary of State

**Entity Name:** TROPICAL WIND VENTURES, LLC

**Current Principal Place of Business:**

3210 CYPRESS CREEK DRIVE  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

3210 CYPRESS CREEK DRIVE  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 61-1453294

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERMAN, DAVID E  
3210 CYPRESS CREEK DRIVE  
POMPANO BEACH, FL 33062

**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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: BERMAN, DAVID E CEO  
Address: 3210 CYPRESS CREEK DRIVE  
City-St-Zip: POMPANO BEACH, FL 33062

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: DAVID E BERMAN

CEO

08/01/2004

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