


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90066 048 ****50.00

DOCUMENT # L03000029928 1. Entity Name A TROPICAL BREEZE ENTERPRISE, LLC					
Principal Place of Business 207 HARRISBURG ST. PORT CHARLOTTE, FL 33954			Mailing Address 207 HARRISBURG ST. PORT CHARLOTTE, FL 33954		
2. Principal Place of Business 207 Harrisburg ST. Suite, Apt. #, etc.		3. Mailing Address 207 Harrisburg ST. Suite, Apt. #, etc.			
City & State Port Charlotte FL Zip 33954 Country USA		City & State Port Charlotte FL Zip 33954 Country U.S.A.		4. FEI Number 81-0628724	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FARIA, KATHLEEN 207 HARRISBURG ST. PORT CHARLOTTE, FL 33954			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Kathleen Faria</u> DATE <u>4/24/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
[Empty]			Richard Swinn - MGR 1272 Palomar ST. North Port, FL, 34287		
[Empty]			MGR Paul G. Faria 207 Harrisburg ST. Port Charlotte, FL 33954		
[Empty]			[Empty]		
[Empty]			[Empty]		
[Empty]			[Empty]		
[Empty]			[Empty]		
[Empty]			[Empty]		
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: Kathleen Faria			4/24/04		941-235-4716
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		<small>Daytime Phone #</small>