

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041385

Entity Name: TROPICAL MANORS, LLC

FILED
Mar 15, 2004
Secretary of State

Current Principal Place of Business:

9745 SW 72 ST. #101
MIAMI, FL 33173

New Principal Place of Business:

10001 SW 70 ST
MIAMI, FL 33173

Current Mailing Address:

9745 SW 72 ST. #101
MIAMI, FL 33173

New Mailing Address:

10001 SW 70 ST
MIAMI, FL 33173

FEI Number: 20-0372260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LECUMBERRY, SYLVIA M
9745 SW 72 ST. #101
MIAMI, FL 33173

Name and Address of New Registered Agent:

LECUMBERRY, SYLVIA M
10001 SW 70 ST
MIAMI, FL 33173

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: SYLVIA M. LECUMBERRY

03/15/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LECHUMBERRY, SYLVIA M
Address: 9745 SW 72 ST. #101
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: RODRIGUEZ, NOEL
Address: 9745 SW 72 ST. #101
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: FUNDORA, ALEXANDER M
Address: 9745 SW 72 ST. #101
City-St-Zip: MIAMI, FL 33173

Title: MGRM () Delete
Name: GOITIA, ROQUE A
Address: 9745 SW 72 ST. #101
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SYLVIA M. LECUMBERRY

MGRM

03/15/2004

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