

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045933

FILED
Feb 22, 2005
Secretary of State

Entity Name: TROPICAL TREATS & EATS, LLC

Current Principal Place of Business:

9903 GULF OF MEXICO DRIVE
ANNA MARIA, FL 34216 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1367
ANNA MARIA, FL 34216 US

New Mailing Address:

FEI Number: 81-0638314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTICK, MARCIA A
9903 GULF OF MEXICO DRIVE
ANNA MARIA, FL 34216 US

Name and Address of New Registered Agent:

BOUCHARD, DAVID A
PO BOX 1367
ANNA MARIA, FL 34216 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: DAVID A BOUCHARD

02/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MATTICK, MARCIA A
Address: P. O. BOX 1216
City-St-Zip: ANNA MARIA, FL 34216 US

Title: MGRM () Delete
Name: MATTICK, JOHN F
Address: P. O. BOX 1216
City-St-Zip: ANNA MARIA, FL 34216 US

Title: MGRM () Delete
Name: BOUCHARD, REBECCA L
Address: P. O. BOX 2221
City-St-Zip: ANNA MARIA, FL 34216 US

Title: MGRM () Delete
Name: BOUCHARD, DAVID A
Address: P. O. BOX 2221
City-St-Zip: ANNA MARIA, FL 34216 US

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: DAVID A BOUCHARD

MGRM

02/22/2005

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