


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03000050597</b><br>1. Entity Name<br><b>TROPICAL INVESTMENT, LLC</b> |  |
|---|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>5408 PALM AVE<br/>HIALEAH FL 33012</b> | Mailing Address<br><b>5408 PALM AVE<br/>HIALEAH FL 33012</b> |
|--|--|



1st MOORE      CR2E083 (10/04)

|                                |                     |                    |              |
|--------------------------------|---------------------|--------------------|--------------|
| 2. Principal Place of Business |                     | 3. Mailing Address |              |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | City & State       | City & State |
| Zip                            | Country             | Zip                | Country      |

|   |  |
|---|--|
| 4. FEI Number<br><b>86-1099796</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b>          |  |
| <b>ARENOVICH, DANIEL<br/>5408 PALM AVE<br/>HIALEAH FL 33012</b> |  |

|  |          |
|--|----------|
| <b>7. Name and Address of New Registered Agent</b> |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | Zip Code |
| <b>FL</b>  |          |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_


**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS |                                      |
|------------------------------|--------------------------------------|
| TITLE                        | MGRM <input type="checkbox"/> Delete |
| NAME                         | ARENOVICH, DANIEL                    |
| STREET ADDRESS               | 5408 PALM AVE                        |
| CITY- ST- ZIP                | HIALEAH FL 33012                     |
| TITLE                        | MGRM <input type="checkbox"/> Delete |
| NAME                         | ARENOVICH, ADRIANA                   |
| STREET ADDRESS               | 5408 PALM AVE                        |
| CITY- ST- ZIP                | HIALEAH FL 33012                     |
| TITLE                        | <input type="checkbox"/> Delete      |
| NAME                         |                                      |
| STREET ADDRESS               |                                      |
| CITY- ST- ZIP                |                                      |
| TITLE                        | <input type="checkbox"/> Delete      |
| NAME                         |                                      |
| STREET ADDRESS               |                                      |
| CITY- ST- ZIP                |                                      |
| TITLE                        | <input type="checkbox"/> Delete      |
| NAME                         |                                      |
| STREET ADDRESS               |                                      |
| CITY- ST- ZIP                |                                      |

| 10. ADDITIONS/CHANGES |   |
|-----------------------|---|
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY- ST- ZIP         |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY- ST- ZIP         |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY- ST- ZIP         |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY- ST- ZIP         |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY- ST- ZIP         |   |

1100000234706  
02/18/05-80031-020 50.00

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:**  **DANIEL ARENOVICH**      02-16-05      305-558-7007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #