

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002551

FILED  
Apr 24, 2008  
Secretary of State

**Entity Name:** TROPICAL RETREATS, LLC

**Current Principal Place of Business:**

7124 WINDOVER PL  
ST.AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

7124 WINDOVER PL  
ST.AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

KEELEY, JOSEPH F P.A.  
2424 NORTH FEDERAL HIGHWAY  
SUITE 314  
BOCA RATON, FL 33431 US

**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/MANAGERS:**

Title: MGR ( ) Delete  
Name: STEPICH, MARK A  
Address: 7124 WINDOVER PL  
City-St-Zip: ST.AUGUSTINE, FL 32092

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARK A.STEPICH

MGR

04/24/2008

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