

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020496

Entity Name: TROPICAL DREAM, LLC

FILED  
Jan 30, 2006  
Secretary of State

## Current Principal Place of Business:

4519 S. FLORIDA AVENUE  
INVERNESS, FL 34450

## New Principal Place of Business:

5425 S. BOSS TERRACE  
FLORAL CITY, FL 34436

## Current Mailing Address:

4519 S. FLORIDA AVENUE  
INVERNESS, FL 34450

## New Mailing Address:

5425 S. BOSS TERRACE  
FLORAL CITY, FL 34436

FEI Number: 20-0888028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ARMSTRONG, LOREN D  
4519 S. FLORIDA AVENUE  
INVERNESS, FL 34450 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: MGRM ( ) Delete  
Name: ARMSTRONG, LOREN  
Address: 4519 S FLORIDA AVE  
City-St-Zip: INVERNESS, FL 34450

Title: MGRA ( ) Delete  
Name: BRILL, JOHN R  
Address: 5154 S KENNETH TERR  
City-St-Zip: FLORAL CITY, FL 34436

Title: MGRM ( ) Delete  
Name: KONCHAN, RICHARD  
Address: 315 CABOT ST.  
City-St-Zip: INVERNESS, FL 34450

Title: MGRM ( ) Delete  
Name: EWRY, TIM  
Address: 4517 S FLORIDA AVE  
City-St-Zip: INVERNESS, FL 34450

Title: MGRM ( ) Delete  
Name: EWRY, TAMMY  
Address: 4519 S FLORIDA AVE  
City-St-Zip: INVERNESS, FL 34450

## 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: MGRM (X) Change ( ) Addition  
Name: EWRY, TIM  
Address: 5425 S. BOSS TERRACE  
City-St-Zip: FLORAL CITY, FL 34436

Title: MGRM (X) Change ( ) Addition  
Name: EWRY, TAMMY  
Address: 5425 S. BOSS TERRACE  
City-St-Zip: FLORAL CITY, FL 34436

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN R. BRILL

MGRA

01/30/2006

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