

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000020496

FILED
May 28, 2006
Secretary of State**Entity Name:** TROPICAL DREAM, LLC**Current Principal Place of Business:**5425 S. BOSS TERRACE
FLORAL CITY, FL 34436**New Principal Place of Business:**TEMPORARY PERFORMING LOCATIONS
VARIOUS, FL US**Current Mailing Address:**5425 S. BOSS TERRACE
FLORAL CITY, FL 34436**New Mailing Address:**P.O. BOX 53
FLORAL CITY, FL 34436**FEI Number:** 20-0888028**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****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: 5425 S. BOSS TERRACE
City-St-Zip: FLORAL CITY, FL 34436**Title:** MGRM () Delete
Name: EWRY, TAMMY
Address: 5425 S. BOSS TERRACE
City-St-Zip: FLORAL CITY, FL 34436**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: ARMSTRONG, LOREN
Address: 9215 E. ROAN LA.
City-St-Zip: INVERNESS, FL 34450**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM (X) Change () Addition
Name: KONCHAN, RICHARD
Address: 4530 S. FLORIDA AVE
City-St-Zip: INVERNESS, FL 34450**Title:** MGRM (X) Change () Addition
Name: EWRY, TIM
Address: 5425 S. BASS TERRACE
City-St-Zip: FLORAL CITY, FL 34436**Title:** MGRM (X) Change () Addition
Name: EWRY, TAMMY
Address: 5425 S. BASS 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

05/28/2006

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