2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Jul 29, 2005 8:00 am **Secretary of State** DOCUMENT # L04000024915 07-29-2005 90082 047 ****50.00 1. Entity Name TROPICAR LUXURY RENTALS, LLC Principal Place of Business Mailing Address ት ት በ ህ ህ ህ ህ ህ ወ ፣ - 7800 RED ROAD 7800 RED ROAD SUITE 218 SUITE 218 SOUTH MIAMI, FL 33143 SOUTH MIAMI, FL 33143 2. Principal Place of Business 7400 Red Koad 3. Mailing Address 7600 Red Road Suite, Apt. #, etc. 07252005 Chg-LLC CR2E083 (10/03) 300 21 City & State Applied For 4. FEI Number Miami 20-1973125 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hmedia AMEDIA, FRANK Street Address (P.O. Box Number is Not Acceptable) 7800 RED ROAD **SUITE 218** 7600 Red Road 300 SOUTH MIAMI, FL 33143 South Miami 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. -245-00 SIGNATURE . ed same of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE Change ☐ Addition AMEDIA, FRANK NAME NAME 7600 Red Road Ste 300 STREET ADDRESS 7800 RED ROAD, STE 218 STREET ADDRESS CITY-ST-ZIP SOUTH MIAMI, FL 33143 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

TROPICAR LOXURMENTALS, LLC
7600 RED ROAD, STE 300
SOUTH MIAMI, FL 33143

July 25, 2005

Florida Department of State Secretary of State Glenda E. Hood Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Tropicar Luxury Rentals, LLC #L04000024915

Dear Sir or Maam:

Attached please find the LLC's annual report form for 2005 and a check payable to the Division of Corporations for \$50. Please consider this report as timely filed due to the fact that we never received the postcard notifying us of the time to file the LLC's annual report.

Sincerely,

Frank J. Amedia

Manager