

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030954

Entity Name: TROPICAL INN FMB, LLC

FILED  
Apr 06, 2005  
Secretary of State

**Current Principal Place of Business:**

8900 BRIGHTON LANE  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

**Current Mailing Address:**

8900 BRIGHTON LANE  
BONITA SPRINGS, FL 34135

**New Mailing Address:**

FEI Number: 20-1029073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DRAGO, JOSEPH R  
8900 BRIGHTON LANE  
BONITA SPRINGS, FL 28327 US

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

DRAGO, JOSEPH R  
8900 BRIGHTON LANE  
BONITA SPRINGS, FL 34135 US

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:

04/06/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DRAGO, JOSEPH R  
Address: 8900 BRIGHTON LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM ( ) Delete  
Name: WITTER-MEYERS, AMANDA  
Address: 8900 BRIGHTON LANE  
City-St-Zip: BONITA SPRINGS, FL 34135

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: AMANDA WITTER MEYERS

MGRM

04/06/2005

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