

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030954

Entity Name: TROPICAL INN FMB, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

8900 BRIGHTON LANE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

9077 THE LANE
NAPLES, FL 34109

Current Mailing Address:

8900 BRIGHTON LANE
BONITA SPRINGS, FL 34135

New Mailing Address:

9077 THE LANE
NAPLES, FL 34109

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 34135 US

Name and Address of New Registered Agent:

MEYERS, AMANDA
9077 THE LANE
NAPLES, FL 34109 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: AMANDA MEYERS

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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: MGRM (X) Change () Addition
Name: DRAGO, JOSEPH R
Address: 4559 PINEHURST GREENS CT
City-St-Zip: ESTERO, FL 33928

Title: MGRM (X) Change () Addition
Name: MEYERS, AMANDA
Address: 9077 THE LANE
City-St-Zip: NAPLES, FL 34109

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: AMANDA MEYERS

MGRM

04/24/2006

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