

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000030954

Entity Name: TROPICAL INN FMB, LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

9077 THE LANE
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

9077 THE LANE
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-1029073 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MEYERS, AMANDA
9077 THE LANE
NAPLES, FL 34109 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: DRAGO, JOSEPH R
Address: 6680 MOSSY GLEN DRIVE
City-St-Zip: FT MYERS, FL 33908

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

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 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

05/01/2008

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