

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90018 015 \*\*\*\*50.00

<b>DOCUMENT # L04000032567</b> 1. Entity Name <b>TROPIC ISLE PROPERTIES, LLC</b>					
Principal Place of Business <b>P.O. BOX 1532 BOCA RATON, FL 33429</b>			Mailing Address <b>P.O. BOX 1532 BOCA RATON, FL 33429</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATE CREATIONS NETWORK INC.</b> <b>11380 PROSPERITY FARMS ROAD #221E</b> <b>PALM BEACH GARDENS, FL 33410</b>				Name <b>John Costello, CPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1300 North Federal Highway</b> <b>Suite 201</b> City <b>Boca Raton</b> <b>FL</b> Zip Code <b>33432</b>	
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.					
SIGNATURE		<b>John F. Costello CPA</b>		DATE <b>4.14.05</b>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCDERMONT, ALVIN F JR. P.O. BOX 1532 BOCA RATON, FL 33429</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing 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.					
SIGNATURE:		<b>ALVIN F. MCDERMONT, JR.</b>		Date <b>04/09/05</b>	Daytime Phone # <b>561-445-7763</b>