2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L04000045879

Entity Name: TROPICAL BREEZE VACATIONS, L.L.C.

Current Principal Place of Business:

5150 OCEAN BLVD.
SARASOTA, FL 34242

New Principal Place of Business:

153 AVENIDA MESSINA
SARASOTA, FL 34242

Current Mailing Address:

5150 OCEAN BLVD.
SARASOTA, FL 34242

New Mailing Address:

153 AVENIDA MESSINA
SARASOTA, FL 34242

FEI Number: 03-0543872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRISON, R. CRAIG ESQ.
1605 MAIN STREET SUITE 1111
SARASOTA, FL 34236 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: MGR ( ) Delete
Name: DEAR, RICHARD
Address: P.O. BOX 2383
City-St-Zip: SARASOTA, FL 34230

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: SMITH, KYNA
Address: PO BOX 2383
City-St-Zip: SARASOTA, FL 34230

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: RICHARD DEAR MGR 04/27/2007

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