

03/27/2008 10:14 7046439525
03-26-'08 15:18 FROM-RKC

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FILED
Apr 03, 2008 8:00 am
Secretary of State

04-03-2008 90073 044 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000051678

1. Entity Name
SOMETHING TROPICAL, LLC

Principal Place of Business
**4801 SOUTH UNIVERSITY DR
SUITE 3090
DAVIE FL 33328**

Mailing Address
**4801 SOUTH UNIVERSITY DR
SUITE 3090
DAVIE FL 33328**

60019430



Principal Place of Business
**1776 N. Pine Island Rd.
Suite 216
Plantation, FL 33322**

Mailing Address
**1776 N. Pine Island Rd.
Suite 216
Plantation, FL 33322**

01182008 Chg-LLC CRZE083 (12/08)

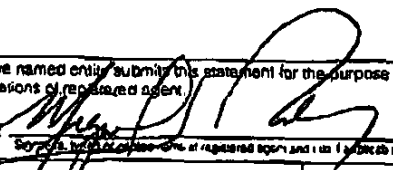
4. FEI Number **20-1367563** Applied For Not Applicable

6. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**ACCUPLY SERVICES, CORP.
4801 SOUTH UNIVERSITY DRIVE
STE 3090
DAVIE, FL 33328**

7. Name and Address of New Registered Agent
Name: _____
Street: **ACCUPLY SERVICES CORP.**
1776 N. Pine Island Rd.
Suite 216
City: **Plantation, FL 33322** Zip Code: _____

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:  **5-12-08**
DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$338.75**

Money check payable to:
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, DANIEL 327 PLAZA REAL, STE. 225 BOCA RATON, FL 33432 <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	MGRM WHITING, R. THOMAS 4801 S. UNIVERSITY DR STE 3090 DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITING, R. THOMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1776 N. Pine Island Rd # 216 Plantation, FL 33322
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
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
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
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 exemptions contained in Chapter 119, 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:  **3/26/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DAYTIME PHONE #