


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90140 041 ****50.00

DOCUMENT # L04000054151
 1. Entity Name
 TROPICAL COTTAGES L.L.C.



Principal Place of Business
 243- 61ST STREET GULF
 MARATHON, FL 33050

Mailing Address
 243- 61ST STREET GULF
 MARATHON, FL 33050

60014010



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 4600 North Ocean Blvd.
 Suite, Apt. #, etc.
 Suite 206

02062007 Chg-LLC CR2E083 (12/06)

City & State
 Boynton Beach FL

4. FEI Number
 73-1712272

Applied For
 Not Applicable

Zip
 33435

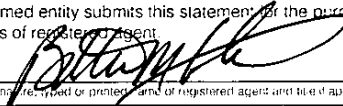
Country
 USA

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

6. Name and Address of Current Registered Agent
 HATHAWAY, J. ERIC
 243- 61ST STREET GULF
 MARATHON, FL 33050

7. Name and Address of New Registered Agent
 Name
 Bettee M. Collister, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
 4600 N. Ocean Blvd, Suite 206
 City
 Boynton Beach FL Zip Code
 33435

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE

Signature (re-typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent Signature required when transferring)

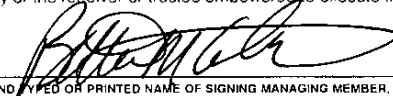
Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input checked="" type="checkbox"/> Delete
NAME HATHAWAY, J. ERIC MGR	
STREET ADDRESS 243 SIXTY FIRST STREET GULF	
CITY-ST-ZIP MARATHON, FL 33050	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Bettee M. Collister	
STREET ADDRESS 4600 N. Ocean Blvd, Suite 206	
CITY-ST-ZIP Boynton Beach, FL 33435	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: 2/6/07 DAYTIME PHONE #: 561-276-1008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE