

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054151

**FILED**  
**Mar 24, 2009**  
**Secretary of State**

**Entity Name:** TROPICAL COTTAGES L.L.C.

**Current Principal Place of Business:**

243- 61ST STREET GULF  
MARATHON, FL 33050

**New Principal Place of Business:**

**Current Mailing Address:**

4600 NORTH OCEAN BLVD  
STE 206  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

3399 PGA BOULEVARD  
SUITE 240  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 73-1712272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLISTER, BETTEE M ESQ  
4600 N OCEAN BLVD STE 206  
BOYNTON BEACH, FL 33435 US

**Name and Address of New Registered Agent:**

COLLISTER, BETTEE M ESQ  
3399 PGA BOULEVARD  
SUITE 240  
PALM BEACH GARDENS, FL 33410 US

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: BETTEE M. COLLISTER, ESQ.

03/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COLLISTER, BETTEE M  
Address: 3399 PGA BLVD,, STE. 240  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

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: BETTEE M. COLLISTER, ESQ.

MGR

03/24/2009

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