

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056445

FILED  
Apr 14, 2005  
Secretary of State

**Entity Name:** TROPICAL SMOOTHIE OF CHARLOTTE COUNTY, LLC

**Current Principal Place of Business:**

2872 SE MERRITT TERRACE  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

26343 COPIAPO CIR  
PUNTA GORDA, FL 33983

**Current Mailing Address:**

2872 SE MERRITT TERRACE  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

26343 COPIAPO CIR  
PUNTA GORDA, FL 33983

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BRECHBILL, MARK  
215 SOUTH FEDERAL HIGHWAY, SUITE 100  
STUART, FL 34994 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: THOMPSON, JAMES K  
Address: 2872 SE MERRITT TERRACE  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCELROY, DONALD B  
Address: 26343 COPIAPO CIR  
City-St-Zip: PUNTA GORDA, FL 33983

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD B MCELROY

MGR

04/14/2005

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