

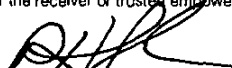


FILED
Apr 28, 2005 8:00 am
Secretary of State

14005567

DOCUMENT # L04000067842				04-28-2005 90031 034 ****50.00	
1. TROPICAL FEED LLC					
537 OYSTER ROAD NORTH PALM BEACH, FL 33408		537 OYSTER ROAD NORTH PALM BEACH, FL 33408		14005567	
					
2. Principal Place of Business		3. Mailing Address		02142005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 71-0974978	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GABRIEL, BRIAN P ESQUIRE 11380 PROSPERITY FARMS RD. SUITE 204 PALM BEACH GARDENS, FL 33410					
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 _____				DATE _____	
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9.				10.	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		MGR GERLACH, PETER H 537 OYSTER RD. NORTH PALM BEACH, FL 33408		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP				TITLE NAME STREET ADDRESS CITY- ST- ZIP	
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 				4/27/2005 954-977-7121	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	