

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073352

Entity Name: TROPICAL CIGARS LLC

FILED
Apr 14, 2005
Secretary of State

Current Principal Place of Business:

2119 S VENUS STREET
TAMPA, FL 33629 US

New Principal Place of Business:

4519 S. CORTEZ AVE.
TAMPA, FL 33611 US

Current Mailing Address:

2119 S VENUS STREET
TAMPA, FL 33629 US

New Mailing Address:

4519 S. CORTEZ AVE.
TAMPA, FL 33611 US

FEI Number: 20-1727011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLD LEAF DISTRIBUTORS INC
2119 S VENUS STREET
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

GOLD LEAF DISTRIBUTORS, INC
4519 S. CORTEZ AVE.
TAMPA, FL 33611 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: JOE K. LACKEY

04/14/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GOLD LEAF DISTRIBUT, ORS INC
Address: 2119 S. VENUS STREET
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOLD LEAF DISTRIBUTO, RS, INC
Address: 4519 S. CORTEZ AVE.
City-St-Zip: TAMPA, FL 33611 US

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: JOE K. LACKEY

PRES

04/14/2005

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