2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# L04000076278

Entity Name: HLS TROPICAL, LLC

Current Principal Place of Business:

1211 OLD STICKNEY POINT RD
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

1211 OLD STICKNEY POINT RD
SARASOTA, FL 34242 US

New Mailing Address:

FEI Number: 20-1771681 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAVANAUGH, STEVE M
3844 PRAIRIE DUNES DRIVE
SARASOTA, FL 34238 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/MANAGERS:

Title:	MGR	( ) Delete
Name:	CAVANAUGH, STEVE	
Address:	1211 OLD STICKNEY POINT RD	
City-St-Zip:	SARASOTA, FL 34242	
Title:	MGR	( ) Delete
Name:	BURNETT, MILLIE	
Address:	1211 OLD STICKNEY POINT RD	
City-St-Zip:	SARASOTA, FL 34242	
Title:	MGR	(X) Delete
Name:	CANIZARES, LAUGENE	
Address:	1211 OLD STICKNEY POINT RD	
City-St-Zip:	SARASOTA, FL 34242	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVE CAVANAUGH MGR 04/04/2006

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