

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000076278

FILED
Jul 20, 2006
Secretary of State**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:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGR () Change (X) Addition
Name: MUDGE, LORI
Address: 1211 OLD STICKNEY POINT RD
City-St-Zip: SARASOTA, FL 34242

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

07/20/2006

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