
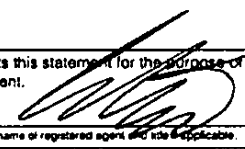
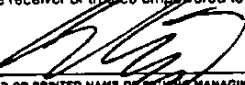


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

04-24-2006 90054 048 ****50.00

DOCUMENT # L05000007488			
1. Entity Name TROPICAL CONDO LENDER, LLC			
Principal Place of Business 2665 S. BAYSHORE DRIVE PH 2A COCONUT GROVE, FL 33133		Mailing Address 1200 BRICKELL AVENUE STE. 900 MIAMI, FL 33131	
2. Principal Place of Business		3. Mailing Address 2665 S. Bayshore Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PH-2A	
City & State		City & State Miami FL	
Zip	Country	Zip	Country
33133	USA	33133	USA
4. FEI Number 20-2264 001		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE STE. 900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Ezra Katz Street Address (P.O. Box Number is Not Acceptable) 2665 S. Bayshore Drive PH-2A City Miami FL Zip Code 33133	
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 4/19/06 <small>Signature, typed or printed name of registered agent, and fee applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATZ, EZRA 2665 S. BAYSHORE DRIVE PH 2A COCONUT GROVE, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE 4/19/06 305-854-5000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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$$dc: mF + \text{return}$$