

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029404

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** TROPICAL ISLAND EXPRESS L.L.C.

**Current Principal Place of Business:**

565 NW 52ND STREET  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

565 NW 52ND STREET  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN-REMESZ, MICHELE  
565 NW 52ND STREET  
BOCA RATON, FL 33487 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: MGRM ( ) Delete  
Name: CHRISTOPHER MARTINEZ, MICHAEL  
Address: 565 NW 52ND STREET  
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM ( ) Delete  
Name: SCOTT MARTIN, JEFFREY  
Address: 565 NW 52ND STREET  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES:**

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 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: MICHAEL CHRISTOPHER MARTINEZ MGRM 04/30/2008

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