2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 15, 2009
Secretary of State

DOCUMENT# L05000051834

Entity Name: COSTA TROPICAL MANAGEMENT L.L.C.

Current Principal Place of Business:

16850-112 COLLINS AVE
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

1431 11TH STREET
FORT LEE, NJ 07024 US

New Mailing Address:

FEI Number: 20-3217079 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NATIONAL REGISTERED AGENTS, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: SHTARK, ILONA
Address: 1494 15 STREET
City-St-Zip: FORT LEE, NJ 07024 US

Title: MGRM ( ) Delete
Name: KRAVETS, IHOR
Address: 190 KNICKERBOCKER RD 15
City-St-Zip: ENGLEWOOD, NJ 07631 US

Title: MGR ( ) Delete
Name: KRAVETS, YURIY
Address: 190 KNICKERBOCKER RD 15
City-St-Zip: ENGLEWOOD, NJ 07631 US

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 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: ILONA SHTARK MS. 09/15/2009

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