2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006
Secretary of State

DOCUMENT# L05000057903

Entity Name: TROPICAL VISIONS LLC

Current Principal Place of Business:

605 DEY STREET
APT. 209
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

605 DEY STREET
APT. 209
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 76-0797645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANASCO, JOHN C
605 DEY STREET
APT. 209
KEY WEST, FL 33040 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: MANASCO, JOHN C
Address: 605 DEY ST. #209
City-St-Zip: KEY WEST, FL 33040 US

Title: MGR ( ) Delete
Name: MANASCO, CONNIE L
Address: 605 DEY ST. #209
City-St-Zip: KEY WEST, FL 33040 US

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 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: JOHN C MANASCO MGR 01/13/2006

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