

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061847

FILED
Apr 24, 2006
Secretary of State

Entity Name: TROPICAL BREEZE DEVELOPERS, LLC

Current Principal Place of Business:

314 N.E. 1ST AVENUE
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 272365
BOCA RATON, FL 33427

New Mailing Address:

FEI Number: 56-2520559 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, CAROLYN S
314 N.E. 1ST AVENUE
DELRAY BEACH, FL 33444 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: SMITH, CAROLYN S
Address: P.O. BOX 272365
City-St-Zip: BOCA RATON, FL 33427

Title: MGR () Delete
Name: HOCK, JOHN R
Address: P.O. BOX 272365
City-St-Zip: BOCA RATON, FL 33427

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: CAROLYN S. SMITH MGR 04/24/2006

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