

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061847

FILED
May 01, 2009
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 (X)
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:

SMITH, CAROLYN S
314 N.E. 1ST AVENUE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

SCHWARTZ, LAWRENCE S
825 OLEANDER STREET
BOCA RATON, FL 33486 US

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: LAWRENCE S. SCHWARTZ

05/01/2009

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

ADDITIONS/CHANGES:

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

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: JOHN R. HOCK

MGR

05/01/2009

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