

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045522

FILED
Apr 14, 2008
Secretary of State

Entity Name: TROPICAL GULF ACRES LLC

Current Principal Place of Business:

14978 S.W. 64TH STREET
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

14978 S.W. 64TH STREET
MIAMI, FL 33193

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:

JOSEPH H. GANGUZZA, P.A.
ONE SOUTHEAST THIRD AVENUE
SUITE 1820
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

JOSEPH H. GANGUZZA, P.A.
ONE SOUTHEAST THIRD AVENUE
SUITE 2150
MIAMI, FL 33131 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: JOSEPH H. GANGUZZA

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOME, FRANK
Address: 14978 S.W. 64TH STREET
City-St-Zip: MIAMI, FL 33193 US

Title: MGRM () Delete
Name: MONTES, ALEJANDRO J
Address: 5899 S.W. 97TH COURT
City-St-Zip: MIAMI, FL 33173 US

Title: MGRM () Delete
Name: GANGUZZA, JOSEPH H
Address: 3551 VISTA COURT
City-St-Zip: COCONUT GROVE, FL 33133 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: FRANK DOME

MGRM

04/14/2008

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