

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045522

FILED
Apr 28, 2009
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 2150
MIAMI, FL 33131 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: 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

MM

04/28/2009

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