


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2007 8:00 am
Secretary of State

02-12-2007 90310 034 ****55.00

DOCUMENT # L06000118653

1. Entity Name
TROPICAL PARK PLAZA LLC



Principal Place of Business Mailing Address
2307 S. DOUGLAS ROAD **2307 S. DOUGLAS ROAD**
SUITE 501 **SUITE 501**
MIAMI, FL 33145 US **MIAMI, FL 33145 US**



2. Principal Place of Business - No P.O. Box #
2307 S. Douglas Road

3. Mailing Address
 Suite, Apt. #, etc.
Suite # 500

02062007 Chg-LLC CR2E083 (12/06)

City & State
Miami FL

City & State

4. FEI Number
20-8571966

Applied For
 Not Applicable

Zip
33145

Country
USA

Zip

Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURAI WALD BIONDO MORENO & BROCHIN P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1-B
CORAL GABLES, FL 33134

Name
Int'l Sunshine Co. Inc

Street Address (P.O. Box Number is Not Acceptable)
2307 Douglas Road suite #500

City
Miami - FL

City
Miami **FL** Zip Code
33145

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Wilson J. Alayo - President* DATE 2/9/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	MGRM	TROPICAL CENTER N.V.	2307 DOUGLAS ROAD SUITE 500	MIAMI, FL 33145	<input type="checkbox"/>
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Wilson J. Alayo* DATE 2/9/07 (305) 445-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Telephone #