

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094734

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** TROPICAL BREEZE APARTMENTS, LLC

**Current Principal Place of Business:**

15280 SONOMA DR  
APT 304  
FT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

300 N BI-STATE BLVD  
DELMAR, DE 19940

**New Mailing Address:**

**FEI Number:** 27-1081811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWINN, CHRISTINA H  
PAVESE LAW FIRM  
1833 HENDRY ST  
FT MYERS, FL 33901 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  
Name: ADKINS, PHILLIP JON  
Address: 300 N BI-STATE BLVD  
City-St-Zip: DELMAR, DE 19940

I hereby 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: PHILLIP JON ADKINS

MM

02/03/2010

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