2001 UNIFORM BUSINESS REPORT (UBR)

200	I GIVIFORM BO	SINESS REPU	וחי	(OD)	<u> </u>	t			
DOCU 1. Entity Nan	MENT # L97(000001278				1901 A A	W.W		
SUN TROPIC INVESTMENTS, LLC						FILED			
•	-					01 JAN 2	2 PM 2: 23		
Principal Place of Business Mailing Address 784 APPLEBY STREET 784 APPLEBY STREET						SECRETARY OF STATE			
BOCA RATON FL 33487 BOCA RATON FL 33487				TALLAHASSEE, FLORIDA					
2. Principal F	NE 3nD ST	3. Mailing Address							
Suite, Apt.	17 HZ/	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·			DO NOT WRITE IN THIS SPACE			
City & Stat	inton Beach FL	City & State			4. FEIN	lumber 65-0794268		Applied For Not Applicable	
334	135 Palo Beed	Zip Zip	Count	ry	5. Certi	ficate of Status Desired	□ \$5.00 Fee Req	Additional	
	6. Name and Address of Curr	ent Registered Agent		Name	7. Nam	e and Address of New Re	<u> </u>		
O'BRIEN, ANDREW					Street Address (P.O. Box Number is Not Acceptable)				
784 APPLEBY STREET BOCA RATON FL 33487							· · · · · · · · · · · · · · · · · · ·		
BUCA RA	ATON FL 33487			City			FL Zip C	code	
8. The above	a named entity submits this statemen	nt for the purpose of changing its r	registere	d office or r	egistered agent,	or both, in the State of Flor			
SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered	Agent signature	e required when reinstati	ng)	DATE		
		FILE NO	W!!! F	EE IS \$5	60.00	•			
		Make Check Pay	/able to	Departm	ent of State				
9.	MANAGING ME	MBERS/MEMBERS	10.			ADDITIONS/0	CHANGES		
TITLE NAME	MGR	☐ Delete	THTLE				☐ Chang	ge 🔲 Addition	
STREET ADDRESS	O'BRIEN, ANDREW 784 APPLEBY STREET		NAME STREE	T ADDRESS	•	•	•		
CITY-ST-ZIP	BOCA RATON FL 33487		CITY-S	ST-ZIP		-			
TITLE NAME		☐ Delete	TITLE NAME	- Japanes 10			Chang	_	
STREET ADDRESS		ه المحاليم المحاليم المحاليم	STREE	ADDRESS - 3	المحالية ا	3000935 -01/29/1	90883 1-0133	1 	
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NAME		- Delete	- NAME				L Chang	E Addition	
STREET ADDRESS CITY-ST-ZIP			STREET CITY-5	TADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE			Λ /	☐ Chang	ge Addition	
NAME STREET ADDRESS			NAME STREET	ADDRESS	J.	'h/			
CITY-ST-ZIP			CITY-S	ST-ZIP		Ψ			
TITLE		☐ Delete	TITLE NAME				Chang	je 🛄 Addition	
STREET ÄVDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS T-ZIP			•		
TITLE		` Delete	TITLE				Chang	e Addition	
NAME STREET ADDRESS	·		NAME STREET	ADDRESS			•		
CITY-ST-ZIP			CITY-S	T-ZIP				·	
11. I hereby of indicated limited liab	certify that the information supplied on this report is true and accurate a bility company or the receiver or rue	with this filing does not qualify for the and that my signature shall have the stee empowered to execute this re	the exem	ption stated egal effect	d in Section 119.0 as if made under Chapter 608 Flo	7(3)(i), Florida Statutes. I t oath; that I am a managir	further certify that thing member or mana	e information iger of the	
	Inlu	EST 11- No inches			Chapter 600, FIO	1/2/	561		
SIGNAT	URE: SIGNATURE AND TYPED OR PRINTED NAME	TUE DECLI) IJHORIZED P	FPRESENTATIVE	1-115/03	0 989 9 Daytime Phone	790	
		MARI	.asat, UN A	vnw.cu R	TEVERIAITE	Date	Dayume Phone	*	