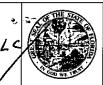
FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L990 000 05185

1. Entity Name

TROPIC REAL ESTATE HOLDINGS, LLG



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90615 009 ***150.00

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DO	NOT WRITE	All the control of the State of	PACE		
2. Principal Place	of Business BALO CYPRBS	3. Mailing Address	x 949	能	
Suite, Apt. #, etc		Suite, Apt. #, etc.		DO NOT WRI	TE IN THIS SPACE
City & State LANE W	VORTH, FL	LOXAIHATC	HRB,FL	4. FEI Number 5-095	8588 Applied For Not Applicable
33467	Country	33470-094	9 Country US	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	DO NOT W	CONTROL OF THE PARTY OF THE PAR		7. Name and Address of Current OAULO BBH (P.O. Box Number is Not Acceptable	INGBY
	IN THIS SE	PACE		620 BALD CY	
8 The above name		or the purpose of changing its	6-7/1	尼 WO 17 4 ered agent, or both, in the State of Flo	FL 33%67 orida. I am familiar with, and accept
SIGNATURE	of registered agent. ure, typed or printed name of registered agent / 1 - May 1 Fee Is \$150.00	t and title if applicable. (NOTE	: Registered Agent signature require	ad when reinstating)	DATE
Am	r May 1, Fee is \$550.00 lended UBR is \$61.25 able to Florida Department o	control state a del a tra-		Election Campaign Fin Trust Fund Contribution	
10.	OFFICERS AND	DIRECTORS	and a first transport of the second	na de la composição de la La composição de la compo	K. E. S. L.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAVID BEHAL 1620 BALD CY LAKE WONTH	INGBO POBSSLN IFL 33467	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY BEHRI 14443 HALTE WELLINGTON,	NGBA R 10 FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	INTHIS	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS DITY-ST-ZIP	•		STREET ADDRESS		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: (