## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L99000006882

Entity Name: TROPICAL KEY PALMS, LC

**FILED** Feb 14, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

P.O. BOX 190924 1413 N. VENETIAL WAY

MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 US LIS

**Current Mailing Address: New Mailing Address:** 

PO BOX 190924 PO BOX 190924

MIAMI BEACH, FL 331190924 MIAMI BEACH, FL 33119

FEI Number: 65-0955462 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DOMINGUEZ, VIRGINIA 1413 N. VENÉTIAL WAY MIAMI, FL 33139

MANAGING MEMBERS/MANAGERS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES:

MGRM Title: (X) Change ( ) Addition () Delete

CALM WAVES TRUST, CALM WAVES TRUST, Name: Name: Address: 1413 N. VENETIAN WAY Address: 1413 N. VENETIAN WAY City-St-Zip: MIAMI, FL 33139 City-St-Zip: MIAMI, FL 33139 US

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition

Name: BLUE SKY TRUST, Name: BLUE SKY TRUST, Address: 1413 N. VENETIAN WAY Address: 1413 N. VENETIAN WAY City-St-Zip: MIAMI, FL 33139 City-St-Zip: MIAMI, FL 33139 US

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: VIRGINIA DOMINGUEZ 02/14/2009