2001 UNIFORM BUSINESS REPORT (UBR)										
DOCUMENT # L9900008589 1. Entity Name									•	
TROP	CANA RESORTS GROUP LLC	-	ووجعم	uli e	FI FI	LED				
Principal Plac	ce of Business	Mailing Address	,,,	7	1 SEP	13 PH 12: 17				
11501 S. CLEVELAND AVENUE 11501 S. CLEVELAND AVE FORT MYERS FL 33907 FORT MYERS FL 33907			ENUE			RY OF STATE SEE, FLORIDA				
2. Principal Place of Business 1.501 S. CLEVELAND AVE Suite, Apt. #, etc. 3. Malling Address 1.501 S. CLEVEL Suite, Apt. #, etc.				AVG.						
						DO NOT WRITE	: IN THIS SPAC	JE		_
FORT MYERS, FLORIDA A		City & State FORT MYERS	FLORY	a	4. FEI Number 65-0969170		Applied For Not Applicable			
^{Zip} এস	907 Country USA	Zip 33907	Country ひらり	a	5. Certificat	e of Status Desired		00 Add] .
6. Name and Address of Current Registered Agent					7. Name an	d Address of New Re	gistered Ager	nt		7
PATEL, RAKESH 11501 S. CLEVELAND AVENUE FORT MYERS FL 33907				Name PATEL RAKESH Street Address (P.O. Box Number is Not Acceptable) [1.50! S. CLEVELAND AVG.						- - -
				ity FORT	MYER	2 3	FL	Zip Cod	907	1
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.										1
SIGNATURE Signature, type-or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	,,			IS \$50.00		3000048	3 1 DS:	99.	6	1
Make Check Paya Due By S				epartment of er 26, 2001		-09/25/	/01010 :0.00 **	81)1	003	
9.	MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/0				-
TITLE	MGRM	☐ Delete	TITLE					Change	☐ Addition	1 €
NAME STREET ADDRESS	PATEL, RAKESH		NAME					-		CR2E083 (5/01)
CITY-ST-ZIP	11501 S. CLEVELAND AVENUE FORT MYERS FL 33907		STREET AD CITY-ST-2							8
TITLE	MGR	☐ Delete	TITLE	MGC	R		ıtır	Change	☐ Addition	₩
NAME	PATEL, RAKESH	_ book	NAME	PAT	rel .	RAKESH	_	Orlango	LJ Addition	~
STREET ADDRESS CITY-ST-ZIP	152 SAN FELIPE ROAD		STREET AD	DRESS (1.50	1 5.0	reasond h				1
TITLE	HOLLISTER CA 95023		CITY-ST-Z	FORT	MYGR	8 , FL 339				-
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CITY-ST-ZIP			CITY-ST-Z	IP						
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TITLE		☐ Delete	TITLE					Change	☐ Addition	1
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CITY-ST-ZIP			CITY-ST-Z	I					-	
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CITY-ST-ZIP			CITY-ST-ZI	1						
11. 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 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.										

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9419363993

SIGNATURE: SIGNATURE DEPRINTED ON PRINTED IN AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATION OF SIGNING MANAGING MEMBER, ME

SIAPLE CHECK HERE