


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90036 045 ****50.00

DOCUMENT # M01000001959	
1. Entity Name TROPICAL TOURS, LLC	

Principal Place of Business 1263 S. HWY 17-92 LONGWOOD, FL 32750	Mailing Address 1263 S. HWY 17-92 LONGWOOD, FL 32750
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2. Principal Place of Business 6865 S HWY 17/92	3. Mailing Address 6865 S. HWY 17/92
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CASSELBERRY, FL	City & State CASSELBERRY, FL
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Zip 32730	Country USA	Zip 32730	Country USA
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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PETERSON, SCOT 1263 S. HWY 17-92 LONGWOOD, FL 32750

Name PETERSON, SCOT
Street Address (P.O. Box Number is Not Acceptable) 6865 S. HWY 17/92
City CASSELBERRY FL Zip Code 32730

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETERSON, SCOT 1263 S. HWY 17-92 LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PETERSON SCOT 6865 S. HWY 17/92 CASSELBERRY, FL 32730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **SCOT PETERSON PRES.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #