2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# M05000001843

Entity Name: TROPICAL BREEZES, LLC

Current Principal Place of Business:

3208 SURFSIDE BLVD
CAPE CORAL, FL 33914

New Principal Place of Business:

3645 EDGEWOOD AVE
FT MYERS, FL 33917

Current Mailing Address:

P.O. BOX 101636
CAPE CORAL, FL 33910

New Mailing Address:

3645 EDGEWOOD AVE
FT MYERS, FL 33917

FEI Number: 20-2611709 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, JONI L
5905 N.W. 72ND CT
PARKLAND, FL 33067 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PROL, JOSE
Address: 3208 SURFSIDE BLVD
City-St-Zip: CAPE CORAL, FL 33914

Title: MEMB ( ) Delete
Name: PROL, LORI W
Address: 3208 SURFSIDE BLVD
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: PROL, JOSE
Address: 3645 EDGEWOOD AVE
City-St-Zip: FT MYERS, FL 33917

Title: MEMB (X) Change ( ) Addition
Name: PROL, LORI W
Address: 3645 EDGEWOOD AVE
City-St-Zip: FT MYERS, FL 33917

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: JOSE' PROL MGR 04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date