No. W 82614		Due no later than Mar 31, 2013		[2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JAMES W WOLFE				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TROPICAL SANDS LLC JAMES W WOLFE 4641 SEYMOUR DR BOISE ID 83704			4641 SEYMOUR DR BOISE ID 83704 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	JAMES W V	VOLFE	4641 SEYMOUR DR		BOISE	ID	USA	83704
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: James W Wolfe			Date: 03/07/2013			
W 82614		Name (type or print): James W Wolfe			Title: President			
Processed 03/07/2013 * Electronically provided signatures are accepted as original signatures.								