

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 19, 2005
Secretary of State

DOCUMENT# L01000009591

Entity Name: TROPICAL VENTURES LLC

Current Principal Place of Business:

2024 COURTYARD LOOP #104
SANFORD, FL 32771

New Principal Place of Business:

8189 NARROW LEAF POINT
SANFORD, FL 32771

Current Mailing Address:

2024 COURTYARD LOOP #104
SANFORD, FL 32771

New Mailing Address:

8189 NARROW LEAF POINT
SANFORD, FL 32771

FEI Number: 59-3731464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHEPHARD, MCCABE AND COOLEY
STATE ROAD 434
LONGWOOD, FL 32750 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: JAMES SHEPHERD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUPORI, JEAN PIERRE
Address: 2024 COURTYARD LOOP #104
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: LUPORI, SUZANNE M
Address: 2024 COURTYARD LOOP #104
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUPORI, JEAN PIERRE
Address: 8189 NARROW LEAF POINT
City-St-Zip: SANFORD, FL 32771

Title: MGRM (X) Change () Addition
Name: LUPORI, SUZANNE M
Address: 8189 NARROW LEAF POINT
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEAN PIERRE LUPORI

MGRM

10/19/2005

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