

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009591

FILED
Feb 08, 2007
Secretary of State

Entity Name: TROPICAL VENTURES LLC

Current Principal Place of Business:

3785 LAKE EMMA ROAD
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

8189 NARROW LEAF POINT
SANFORD, FL 32771

New Mailing Address:

FEI Number: 59-3731464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

MGRM

02/08/2007

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