

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023559

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** MASSEY TROPICAL PROPERTIES, LLC

**Current Principal Place of Business:**

9900 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

9900 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 65-1199722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MASSEY, WAYNE  
9900 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32837 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  
Name: HAMILTON, WAYNE MASSEY  
Address: 19400 RANCH CLUB BOULEVARD  
City-St-Zip: GROVELAND, FL 34736

Title: MGRS  
Name: WALSH, LINDA ,  
Address: 14648 PINE LAKE ST  
City-St-Zip: CLERMONT, FL 34711

Title: MGRM  
Name: MASSEY, JANIS R  
Address: 19400 RANCH CLUB BLVD  
City-St-Zip: GROVELAND, FL 34736

I hereby 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: LINDA M WALSH

MGRS

02/23/2010

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