

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046035

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** TROPICAL REAL ESTATE DEVELOPMENT, LLC

**Current Principal Place of Business:**

275 SABAL AVENUE  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

375 NORA AVENUE  
MERRITT ISLAND, FL 32952

**Current Mailing Address:**

275 SABAL AVENUE  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

375 NORA AVENUE  
MERRITT ISLAND, FL 32952

FEI Number: 32-0202512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FINANCIAL INDEPENDENCE FOR ALL, LLC  
375 NORA AVENUE  
MERRITT ISLAND, FL 32952 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: PEAN, MAXITO K  
Address: 375 NORA AVENUE  
City-St-Zip: MERRITT ISLAND, FL 32952 US

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: MAXITO PEAN

MGRM

04/30/2008

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