2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000968

Entity Name: TROPICAL PROPERTIES, LLC

FILED Mar 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1616 ATLANTIC BLVD. UNIT # 11 KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

1616 ATLANTIC BLVD.
UNIT #11
KEY WEST, FL 33040

1616 ATLANTIC BLVD.
UNIT # 11
KEY WEST, FL 33040

1616 ATLANTIC BLVD.
UNIT # 11
KEY WEST, FL 33040

FEI Number: 65-0895555 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BAUER, CHARLES
C/0 HOG'S BREATH
400 FRONT ST. SUITE C
KEY WEST, FL 33040 US

BAUER, CHARLES
1723 JAMAICA DRIVE
KEY WEST, FL 33040 US

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: 03/21/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 BAUER, CHARLES
 Name:
 BAUER, CHARLES

 Address:
 400 FRONT ST.
 Address:
 1723 JAMAICA DRIVE

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040

Title: MGRM () Delete Title: () Change () Addition

 Name:
 MORRIS, EDWARD A
 Name:

 Address:
 1616 ATLANTIC BLVD., UNIT # 11
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:

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: CHARLES BAUER MGRM 03/21/2009