SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000030946



FILED Apr 11, 2008 8:00 am Secretary of State 04-11-2008 90182 004 ***143.75

1. Entity Name TROPICAL ENTERPRISES OF VOLUSIA LLC					04-11-2000 90102	. CF1 F00.	. 1 5
Principal Place of Business 1390 TUMBLIN DRIVE NEW SMYRNA BEACH, FL 32168		Mailing Address P 0 BOX 1496 NEW SMYRNA BEACH, FL 32170		(IZENIAN BIN BENSKANNI ATIN BYN GUN BENSK	60044		
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182008 Chg-LLC CR	2E083 (12/06)		
City & State		City & State		4. FEI Number 20-2600290	\- 	plied For t Applicable	
Zip	Country	Zip Count		try	5. Certificate of Status Desired	\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registe	red Agent	
				Name			
1390 TUMI	I, RONALD H BLIN DRIVE RNA BEACH, FL 32168		Street Address		P.O. Box Number is Not Acceptable)		
				City		FL Zip Cod	e
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State							
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS/CHAN	IGES	
TITLE	MGRM	☐ Delete	TITLE	·		☐ Change	☐ Addition
NAME	WHARTON, RONALD H	HARTON, RONALD H		E		_ , ,	_
STREET ADDRESS	PO BOX 1496			ET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32170		-ST-ZIP				
TITLE	MGR	☐ Delete	TITLE	E		☐ Change	☐ Addition
NAME	MHARTON, CATHERINE J		- I				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP			
TITLE NAME	MGR WHARTON, MICHAEL R	☐ Delete	TITLE	I		Change	☐ Addition
STREET ADDRESS	I = - = ·			ET ADDRESS			
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 321	70	CITY	-ST-ZIP			
TITLE	MGR	☐ Delete	TITLE	Ē		☐ Change	☐ Addition
NAME	WHARTON, JAMES D		NAM	l			
STREET ADDRESS City-St-Zip	PO BOX 1496	70		ET ADDRESS - ST-ZIP			
	NEW SMYRNA BEACH, FL 321		-				
TITLE NAME		☐ Delete	TITL! Nam	l		☐ Change	☐ Addition
STREET ADDRESS				ET ADDRESS			
City-St-ZIP			CITY	-ST-ZIP			
TITLE		☐ Delete	TITLI	£		Change	Addition
NAME			NAM				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	nortific that the information are the desired	this filian door and available for		-ST-ZIP	in Chanter 110 Florida Constant 15		·
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.							