2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 12:28

DOCUMENT # A99000000077

1. Entity Name

TROPIC ISLE PARK, LTD.

Principal Place of Business	Mailing Address
5001 PHILLIPS HIGHWAY, 7-B JACKSONVILLE FL 32207	5001 PHILLIPS HIGHWAY, 7-B JACKSONVILLE FL 32207

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E003 (10/07)

4. FEI Number 59-3551295 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANSON, KARL B JR.
C/O LEBOEUF, LAMB, GREENE & MACRAE, LLP
50 N. LAURA STREET, SUITE 2800
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name: Kenneth Drummond
Street Address (P.O. Box Number is Not Acceptable): 5001 Phillips Hwy #7B
City: Jacksonville FL Zip Code: 32207

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] VP Property Planning Inc. G.P. 4/14/08
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	567608	STREET ADDRESS	
NAME	PROPERTY PLANNING, INC.		
STREET ADDRESS	5001 PHILLIPS HIGHWAY, 7-B	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL 32207		
DOCUMENT #		STREET ADDRESS	
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04/30/08--01018--015 **500.00

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: [signature] A.T. Parsons Jr. 4/14/08 904-737-1245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #