

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90065 035 ****50.00

DOCUMENT # L00000004981

1. Entity Name
TROPICAL ASSETS AND SECURITY INVESTMENTS, L.C.



Principal Place of Business
**12800 UNIVERSITY DRIVE, SUITE 340
FT. MYERS, FL 33907**

Mailing Address
**12800 UNIVERSITY DRIVE, SUITE 340
FT. MYERS, FL 33907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 350

Suite, Apt. #, etc.

Suite 350

City & State

City & State

Zip

Country

Zip

Country

01132004 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1004781

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOLANOS TRUXTON, P.A.
12800 UNIVERSITY DRIVE, SUITE 340
FT. MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 350

City

FL

Zip Code

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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
TASMAN, GARY
6627 DANIEL COURT
FT. MYERS, FL 33908**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

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

Date

Daytime Phone #

4/28/04