2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000004981

1. Entity Name

TROPICAL ASSETS AND SECURITY INVESTMENTS, L.C.



Principal Place of Business

12800 UNIVERSITY DRIVE

SUITE 350 FT. MYERS, FL 33907 Mailing Address

12800 UNIVERSITY DRIVE

SUITE 350

FT. MYERS, FL 33907

FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90061 041 ****50.00



04112005 No Chg-LLC

CR2E083 (10/03)

| 4. FEI Number | • | Applied For | |
|----------------------------------|---|-----------------------------------|---|
| 65-1004781 | | Not Applicable | 3 |
| 5. Certificate of Status Desired | | \$5.00 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOLANOS TRUXTON, P.A. 12800 UNIVERSITY DRIVE SUITE 350 FT. MYERS, FL 33907

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement ions of registered agent. | for the purpose of cha | anging its registered | d office or registered agent, or both, in the Sta | ate of Florida. I am familiar with, and accept |
|---|---|------------------------|--|---|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. | | | (NOTE: Registered Agent signature required when reinstating) | | DATE |
| Fi D | iling Fee Is \$50.00 ue by May 1, 2005 | • | | | |
| 9. | MANAGING MEME | BERS/MANAGERS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR TASMAN, GARY 6627 DANIEL COURT FT. MYERS, FL 33908 | | | | |
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| TITLE NAME STREET ADDRESS | | | | | |

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