

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012426

Entity Name: TROPICAL GREENS, LLC

FILED  
Jul 08, 2008  
Secretary of State

**Current Principal Place of Business:**

9905 SE MAHOGANY WAY  
TEQUESTA, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

9905 SE MAHOGANY WAY  
TEQUESTA, FL 33469

**New Mailing Address:**

FEI Number: 05-0522791      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WILSON, EVERETT  
201 S. BISCAYNE BLVD.  
SUITE 1500  
MIAMI, FL 33131 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WALTON, JAMES  
Address: 9905 SE MAHOGANY WAY  
City-St-Zip: TEQUESTA, FL 33469

Title: MGR ( ) Delete  
Name: WALTON, DEBORAH  
Address: 9905 SE MAHOGANY WAY  
City-St-Zip: TEQUESTA, FL 33469

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JAMES P. WALTON

MGRM

07/08/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date