

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000015940**

**1. Entity Name**  
**TROPIC STAR, LLC**



**Principal Place of Business**  
**3131 SE ST. LUCIE BLVD**  
**STUART, FL 34997**

**Mailing Address**  
**P.O. BOX 1277**  
**PORT SALERNO, FL 34992-1277**



05292007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**51-0428960**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**KRAMER, ROBERT S ESQ**  
**853 SE MONTEREY COMMONS BLVD**  
**STUART, FL 34996**

**DO NOT WRITE  
IN THIS SPACE**

**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 September 14, 2007**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**SMALL, RAMSEY B**  
**3131 SE ST LUCIE BLVD**  
**STUART, FL 34997**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**SMALL, DANA E**  
**3131 SE ST LUCIE BLVD**  
**STUART, FL 34997**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGR**  
**WOLFE, ARTHUR D II**  
**3131 SE ST. LUCIE BLVD**  
**STUART, FL 34997**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

U00000786440  
06/19/07-80003-021 50.00

**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.**

**SIGNATURE:** *X*

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

Date

Daytime Phone #

*6/12/07*