2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L02000015940

Entity Name: TROPIC STAR, LLC

Current Principal Place of Business:

3131 SE ST. LUCIE BLVD
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1277
PORT SALERNO, FL 349921277

New Mailing Address:

FEI Number: 51-0428960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: SMALL, RAMSEY B
Address: 3131 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete
Name: SMALL, DANA E
Address: 3131 SE ST LUCIE BLVD
City-St-Zip: STUART, FL 34997

Title: MGR ( ) Delete
Name: WOLFE, ARTHUR D II
Address: 3131 SE ST. LUCIE BLVD
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

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

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: ROBERT J. SCHAEFER CPA 03/20/2009

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