2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# L03000030031

Entity Name: TROPICAL PARADISE REALTY, LLC

Current Principal Place of Business:

15435 CEDARWOOD LANE
UNIT 103
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

15435 CEDARWOOD LANE
UNIT 103
NAPLES, FL 34110

New Mailing Address:

FEI Number: 05-0582166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISEMER, JOHN P
15435 CEDARWOOD LANE
UNIT 103
NAPLES, FL 34110 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: CHRISEMER, JOHN P
Address: 15435 CEDARWOOD LANE UNIT 103
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: SCHAIBLE, MARIE A
Address: 2157 41ST TERR. SW
City-St-Zip: NAPLES, FL 34116 US

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: MARIE A. SCHAIBLE MGRM 03/13/2009

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