

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90039 041 ****50.00

DOCUMENT # L03000041182					
1. Entity Name TROPICAL ENTERPRISES, LLC					
Principal Place of Business 3949 E HIBISCUS ST WESTON, FL 33332			Mailing Address 3949 E HIBISCUS ST WESTON, FL 33332		
2. Principal Place of Business 11406 Canyon Maple Dr		3. Mailing Address 11406 Canyon Maple Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Davie, FL		City & State Davie, FL		4. FEI Number 20-0481386	
Zip 33330		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CHERIAN, SAMUEL 34949 E HIBISCUS ST WESTON, FL 33332			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when re-stating)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME SAMUEL, SHIRLEY STREET ADDRESS 3949 E HIBISCUS ST CITY-ST-ZIP WESTON, FL 33332	<input type="checkbox"/> Delete		TITLE MGRM NAME Samuel, Shirley STREET ADDRESS 11406 Canyon Maple Dr. CITY-ST-ZIP Davie, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME SAMUEL, SHEEBA STREET ADDRESS 10220 SW 20TH STREET CITY-ST-ZIP DAVIE, FL 33324	<input type="checkbox"/> Delete		TITLE MGRM NAME Samuel, Sheeba STREET ADDRESS 11406 Canyon Maple Dr CITY-ST-ZIP Davie, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i>			3/04/2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		