

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000041706

FILED
Apr 13, 2009
Secretary of State

Entity Name: TROPICAL INVESTMENT PROPERTIES, LLC

Current Principal Place of Business:

896 TAVERNIER CIRCLE NE
PALM BAY, FL 32909

New Principal Place of Business:

896 TAVERNIER CIRCLE NE
PALM BAY, FL 32905

Current Mailing Address:

896 TAVERNIER CIRCLE NE
PALM BAY, FL 32905

New Mailing Address:

FEI Number: 20-0746182 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DIXON, SCOTT C P. A.
2202 SOUTH BABCOCK STREET
SUITE 200
MELBOURNE, FL 32901 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: JOHNSON, STEVEN R
Address: 896 TAVERNIER CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

Title: MGRM () Delete
Name: JOHNSON, ELLEN P
Address: 896 TAVERNIER CIRCLE NE
City-St-Zip: PALM BAY, FL 32905

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: STEVEN R. JOHNSON MGRM 04/13/2009

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