

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2007 8:00 am
Secretary of State

05-31-2007 90151 003 ****50.00

DOCUMENT # L03000047095

1. Entity Name
TROPICAL WATERFALLS LLC



Principal Place of Business
**2085 LEEWOOD BLVD
MELBOURNE, FL 32935**

Mailing Address
**2085 LEEWOOD BLVD
MELBOURNE, FL 32935**

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DO NOT WRITE IN THIS SPACE

05252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
42-1610354

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOWELL, ROBERT
2085 LEEWOOD BLVD
MELBOURNE, FL 32935-4**

**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
**MGR
HOWELL, ROBERT
2085 LEEWOOD BLVD
MELBOURNE, FL 32935**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

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

5-25-07

Date

321-254-3088

Daytime Phone #