

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002488

Entity Name: TROPICAL WINNS, LLC

FILED  
Feb 03, 2008  
Secretary of State

**Current Principal Place of Business:**

2798 HYDE PARK PLACE  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

2798 HYDE PARK PLACE  
CLEARWATER, FL 33761 US

**New Mailing Address:**

FEI Number: 42-1657565

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WINN, KEITH  
2798 HYDE PARK PLACE  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

WINN, RICHARD K  
2798 HYDE PARK PLACE  
CLEARWATER, FL 33761 US

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: RICHARD KEITH WINN

02/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WINN, KEITH  
Address: 2798 HYDE PARK PLACE  
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM ( ) Delete  
Name: WINN, CYNDI  
Address: 2798 HYDE PARK PLACE  
City-St-Zip: CLEARWATER, FL 33761 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WINN, RICHARD K  
Address: 2798 HYDE PARK PLACE  
City-St-Zip: CLEARWATER, FL 33761 US

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: RICHARD KEITH WINN

MRG

02/03/2008

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