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May 04, 2006 8:00 am
Secretary of State
05-04-2006 90017 023 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000012228

1. Entity Name
TROPICAL INVESTMENTS LLC

60035978

Principal Place of Business	Mailing Address
815 LAKE JESSE DRIVE WINTER HAVEN, FL 33881 US	815 LAKE JESSE DRIVE WINTER HAVEN, FL 33881 US

05012006 Chg-LLC CR2E063 (11/05)

2. Principal Place of Business	3. Mailing Address
610 W. Las Olas Blvd.	P.O. Box 976
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale	City & State: Auburndale, Fl.
Zip: 33312 Country: Broward	Zip: 33823 Country: Polk

4. FEI Number: 20-0839574 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GUGEL, JANICE
815 LAKE JESSE DRIVE
WINTER HAVEN, FL 33881

7. Name and Address of New Registered Agent

Name: Gugel, Janice
Street Address (P.O. Box Number is Not Acceptable): 610 W. Las Olas Blvd.
City: Ft. Lauderdale FL Zip Code: 33312

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: Janice Gugel, Mgr. 5/1/06
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 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUGLE, JANICE 815 LAKE JESSE DRIVE WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gugel, Janice 610 W. Las Olas Blvd. Ft. Lauderdale, Fl. 33312	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Janice Gugel, Mgr 5/1/06 863-551-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #