2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 24, 2007 8:00 am Secretary of State **DOCUMENT # L04000012228** 04-24-2007 90107 038 ****50.00 TROPICAL INVESTMENTS LLC Principal Place of Business Mailing Address P.O. BOX 978 610 W LAS OLAS BLVD FORT LAUDERDALE, FL 33312 AUBURNDALE, FL 33823 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 7.0. Box 976 P.O.Box Suite, Apt. #, etc. Suite, Apt. #, etc. 04152007 Cha-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 20-0839574 Not Applicable \$5.00 Additional Country Country 5. Certificate of Status Desired POIK Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Victor Trojano **GUGEL, JANICE** Street Address (P.O. Box Number is Not Acceptable) 610 W. LAS OLAS BLVD FORT LAUDERDALE, FL 33312 tennessee City akeland 8. The above named entity submits this statement for the purpose of charge ng its registered office or registered agent, or both, in the State of Florida. I am familiar with, and eccept the obligations of registered agent Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. <u> M</u>d--MGR TIBE □ Detete TITLE Change Addition **GUGEL. JANICE** NAME Gugel, Janice P.O. Box 976 NAME STREET ADDRESS 815 LAKE JESSE DRIVE STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33881 CITY-ST-ZIP πne Addition TITL F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLÉ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY ST 7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TTILE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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: