2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 8:00 am
Secretary of State
04-24-2007 90107 038 ****50.00

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1. Entity Name
TROPICAL INVESTMENTS LLC

Principal Place of Business	Mailing Address
610 W LAS OLAS BLVD FORT LAUDERDALE, FL 33312 US	P.O. BOX 978 AUBURNDALE, FL 33823 US

04152007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
P.O. Box 976		P.O. Box 976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Auburndale, Fl.		City & State: Auburndale, Fl.	
Zip: 33823	Country: Polk	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
610 W. LAS OLAS BLVD
FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name: Victor Troiano, Esq.
Street Address (P.O. Box Number is Not Acceptable): 317 S. Tennessee Ave.
City: Lakeland FL Zip Code: 33801

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 ______ 4-17-07
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 May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUGEL, JANICE 815 LAKE JESSE DRIVE WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Gugel, Janice P.O. Box 976 Auburndale, Fl. 33823	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr. Gugel, Donald P.O. Box 976 Auburndale FL 33823	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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.