

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015926

FILED
Jan 30, 2006
Secretary of State

Entity Name: TROPICAL GULF PROPERTIES, LLC

Current Principal Place of Business:

361 INTERSTATE BLVD
SARASOTA, FL 34240

New Principal Place of Business:

1739 SHELBURNE LN
SARASOTA, FL 34231

Current Mailing Address:

361 INTERSTATE BLVD
SARASOTA, FL 34240

New Mailing Address:

1739 SHELBURNE LN
SARASOTA, FL 34231

FEI Number: 20-2825397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, DON L
2134 GREENDALE DR
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

JONES, DON L
1739 SHELBURNE LN
SARASOTA, FL 34231 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: DON L JONES

01/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JONES, DON L
Address: 2134 GREENDALE DR.
City-St-Zip: SARASOTA, FL 34232

Title: MGRM () Delete
Name: JONES, ELENA M
Address: 2134 GREENDALE DR.
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JONES, DON L
Address: 1739 SHELBURNE LN
City-St-Zip: SARASOTA, FL 34231

Title: MGRM (X) Change () Addition
Name: JONES, ELENA M
Address: 1739 SHELBURNE LN
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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: DON L JONES

MGRM

01/30/2006

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