


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90102 010 ****50.00

DOCUMENT # L04000030812	
1. Entity Name TROPICAL CENTRE LLC	

Principal Place of Business 612 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953	Mailing Address 612 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953
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2. Principal Place of Business - No P.O. Box # 308 Chambord Terr	3. Mailing Address P.O. Box
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	7392

1st MOORE CR2E083 (10/06)

City & State Palm Beach Gardens FL	City & State Port St Lucie FL
Zip 33410	Zip 34985
Country USA	Country USA

4. FEI Number 20-1916553	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent D'LOUGHY, JAMES D ESQ 8063 KIAWAH TRACE PORT ST. LUCIE FL 34986

7. Name and Address of New Registered Agent Name: D'LOUGHY, JAMES D. ESQ Street Address (P.O. Box Number is Not Acceptable): 342 Chambord Terr City: Palm Beach Gardens FL Zip Code: 33410
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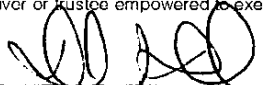
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 1-31-07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR D'LOUGHY, DANIEL 612 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	308 Chambord Terr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 	1-31-07	(772) 579-0839
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>