

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000032567

**FILED**  
**Oct 16, 2007**  
**Secretary of State**

**Entity Name:** TROPIC ISLE PROPERTIES, LLC

**Current Principal Place of Business:**

P.O. BOX 1532  
BOCA RATON, FL 33429

**New Principal Place of Business:**

5335 BROADVIEW ROAD  
COLUMBUS, OH 43230

**Current Mailing Address:**

P.O. BOX 1532  
BOCA RATON, FL 33429

**New Mailing Address:**

5335 BROADVIEW ROAD  
COLUMBUS, OH 43230

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

COSTELLO, JOHN CPA  
1300 N FEDERAL HWY  
STE 201  
BOCA RATON, FL 33432 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: JOHN COSTELLO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MCDERMENT, ALVIN F JR.  
Address: P.O. BOX 1532  
City-St-Zip: BOCA RATON, FL 33429

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MCDERMENT, ALVIN F JR.  
Address: 5335 BROADVIEW ROAD  
City-St-Zip: COLUMBUS, OH 43230

I hereby certify that the information supplied with this filing does not qualify 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: ALVIN F. MCDERMENT, JR.

MGRM

10/16/2007

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