


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000032740 1. Entity Name TROPICAL BUILDERS OF BREVARD, LLC	
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Principal Place of Business
4007 N HARBOR CITY BOULEVARD, #404
MELBOURNE, FL 32935

Mailing Address
4007 N HARBOR CITY BOULEVARD, #404
MELBOURNE, FL 32935



01032006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1065869	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

COLEMAN, CHRISTOPHER J ESQUIRE
1329 BEDFORD DRIVE
SUITE 1
MELBOURNE, FL 32940

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

1100000379783
01/10/06-80035-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, HOMI S 1345 HIGHWAY A1A, #409 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOPER, EILEEN L 1345 HIGHWAY A1A, #409 INDIALANTIC, FL 32903
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IN THIS SPACE**

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:

Eileen L Cooper
Eileen L Cooper

Date

Daytime Phone #

321-626-1566
1-5-06 321-255-3125