

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035487

FILED  
May 06, 2008  
Secretary of State

Entity Name: TROPICAL SQUARE DEVELOPMENTS,LLC

**Current Principal Place of Business:**

2531 VINEYARDS LAND  
DESTIN, FL 32550

**New Principal Place of Business:**

2901 PINE VALLEY  
MIRAMAR BEACH, FL 32550

**Current Mailing Address:**

4238 BELLE MEADE COVE  
MEMPHIS, TN 38117

**New Mailing Address:**

2901 PINE VALLEY  
MIRAMAR BEACH, FL 32550

FEI Number: 27-0090083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCNEESE, RICHARD  
36468 EMERALD COAST PKWY.  
SUITE 1201  
DESTIN, FL 32541 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: EDCO PROPERTIES,INC.,  
Address: 4238 BELLE MEADE COVE  
City-St-Zip: MEMPHIS, TN 38117

Title: MGR ( ) Delete  
Name: NLR,TRUST,  
Address: 342 EMERALD RIDGE  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: EDCO PROPERTIES,INC.,  
Address: 6510 STAGE ROAD  
City-St-Zip: BARTLETT, TN 38134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TERRY EDWARDS

MGR

05/06/2008

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