

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042643

FILED
Apr 28, 2006
Secretary of State

Entity Name: TROPICAL GROUP, LLC.

Current Principal Place of Business:

12179 SOUTH APOPKA VINELAND ROAD
SUITE 122
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

12179 SOUTH APOPKA VINELAND ROAD
SUITE 122
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 20-1214417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABE, HARDOON MD
903 JORDAN BLASS DRIVE
SUITE 102
MELBOURNE, FL 32940 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: MGRM () Delete
Name: MILITANO, KYLE F
Address: 2194 HIGHWAY A1A, SUITE 101
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: MGR () Delete
Name: HARDOON, ABE
Address: 903 JORDAN BLASS DRIVE, SUITE 102
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM () Delete
Name: HARDOON, BARBARA A
Address: 10134 BRANDON CIRCLE
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES:

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

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

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

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: KYLE F. MILITANO

MGRM

04/28/2006

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