

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059737

FILED
Apr 08, 2009
Secretary of State

Entity Name: K & R TROPICAL INVESTMENTS, LLC

Current Principal Place of Business:

804 EVENINGSIDE COURT
TAMPA, FL 33613 US

New Principal Place of Business:

6800 46TH AVE N
SAINT PETERSBURG, FL 33709 US

Current Mailing Address:

804 EVENINGSIDE COURT
TAMPA, FL 33613 US

New Mailing Address:

6800 46TH AVE N
SAINT PETERSBURG, FL 33709 US

FEI Number: 34-2010061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANDALL, EDWARD J
804 EVENINGSIDE COURT
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

RANDALL, EDWARD J
515 CRYSTAL DRIVE
SAINT PETERSBURG, FL 33708 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: EDWARD RANDALL

04/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RANDALL, EDWARD J
Address: 804 EVENINGSIDE COURT
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM () Delete
Name: FICKEN, KENNETH C
Address: 22705 MAGNOLIA TRACE BLVD
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RANDALL, EDWARD J
Address: 515 CRYSTAL DRIVE
City-St-Zip: SAINT PETERSBURG, FL 33708 US

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: EDWARD RANDALL

MGMR

04/08/2009

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