

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90065 033 ****50.00

DOCUMENT # L04000079079

1. Entity Name
TROPICAL ENDEAVORS, LLC



Principal Place of Business
913 VENTURE AVENUE, SUITE 1
LEESBURG, FL 34748

Mailing Address
913 VENTURE AVENUE, SUITE 1
LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE



04072006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
38-3710706

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLING, H. BENNETT
913 VENTURE AVENUE, SUITE 1
LEESBURG, FL 34748

**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 reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	WALLING, H. BENNETT
STREET ADDRESS	913 VENTURE AVENUE, SUITE 1
CITY-ST-ZIP	LEESBURG, FL 34748

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

H. Bennett Walling, Mgr. Partner

4-10-06

Date

352-787-1227

Daytime Phone #