2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 19, 2007
Secretary of State

DOCUMENT# L04000079079

Entity Name: TROPICAL ENDEAVORS, LLC

Current Principal Place of Business:

913 VENTURE AVENUE, SUITE 1
LEESBURG, FL 34748

New Principal Place of Business:

1950 LAUREL MANOR DR.
SUITE 120
THE VILLAGES, FL 32162

Current Mailing Address:

913 VENTURE AVENUE, SUITE 1
LEESBURG, FL 34748

New Mailing Address:

1950 LAUREL MANOR DR.
SUITE 120
THE VILLAGES, FL 32162

FEI Number: 38-3710706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WALLING, H. BENNETT
1950 LAUREL MANOR DR.
SUITE 120
THE VILLAGES, FL 32162 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: H. BENNETT WALLING 10/19/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WALLING, H. BENNETT
Address: 913 VENTURE AVENUE, SUITE 1
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WALLING, H. BENNETT
Address: 1950 LAUREL MANOR DR.
City-St-Zip: THE VILLAGES, FL 32162

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: H. BENNETT WALLING MGR 10/19/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date