2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2011
Secretary of State

DOCUMENT# L04000079079

Entity Name: TROPICAL ENDEAVORS, LLC

Current Principal Place of Business:

5229 SOUTH VIEW POINT
HOMOSASSA, FL 34448

New Principal Place of Business:

Current Mailing Address:

5229 SOUTH VIEW POINT
HOMOSASSA, FL 34448

New Mailing Address:

FEI Number: 38-3710706 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLING, STUART
5229 S. VIEW PT.
HOMOSASSA, FL 34448 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
Name: WALLING, H. BENNETT
Address: PO BOX 490139
City-St-Zip: LEESBURG, FL 34748

Title: D
Name: WALLING, STUART
Address: 5229 S. VIEW PT.
City-St-Zip: HOMOSASSA, FL 34448

I hereby 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 Statues.

SIGNATURE: STUART WALLING D 03/17/2011

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