2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #1.05000004691



FILED Jan 29, 2007 8:00 am Secretary of State

| 1. Entity Name TROPICAL DELIGHT, LLC | | | | | | S. COMBAN | 01-29-200 | 7 90141 | 033 **** | *50.00 |
|--|--|--|--|---|--|-------------------------|------------------------|-------------|---------------------------|------------------------------|
| Principal Place of Business P.O. BOX 290587 TEMPLE TERRACE, FL 33687 | | | Mailing Address P.O. BOX 290587 TEMPLE TERRACE, FL 33687 | | | | | | | |
| 2. Principal F | Place of Busin | ness - No PO Box# | 3. Mailing Address | | | | | | | |
| Suite. Apt #, etc. | | | Suite, Apt. #, etc. | <u></u> | 01222007 | Chg-LLC | CR2E0 | 83 (12/06) | | |
| City & State | | | City & State | | | 4. FEI Numbe 34-2032 | | | | oplied For of Applicable |
| Ζφ | Zip Country | | Zıp | ip Country | | 5. Certificate of | of Status Desired | | \$5.00 Add Fee Require | |
| | 6. Name | and Address of Curren | Registered Agent | | | 7. Name and | Address of New R | egistered A | \gent | |
| DEJESUS | MIGHEL | ۸ | | | Name | | | | | |
| 6210 SHE APT. 3110 | RIDAN RO | | | Street Address (P.O. B | | | r is Not Acceptable | ;) | | |
| TAMPA, FL 33635 | | | | | City | | | | Zip Cod | 0 |
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11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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: MAJE OF PRINTED NAME OF SURING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGING MEMBER. MANAGER. OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SURING MANAGER. 01-21-07