

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006585

Entity Name: TROPICAL PALMS, LLC

FILED
Apr 22, 2007
Secretary of State

Current Principal Place of Business:

627 W. WISCONSIN STREET
PALMYRA, WI 53156

New Principal Place of Business:

3415 TO 3419 PALM DRIVE
PUNTA GORDA, FL 33950

Current Mailing Address:

627 W. WISCONSIN STREET
PALMYRA, WI 53156

New Mailing Address:

FEI Number: 25-1917182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATTORNEY GARY FILEMAN
1107 WEST MARION AVENUE, SUITE #112
PUNTA GORDA, FL 33950 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 () Delete
Name: LESAR, JANET
Address: 627 W. WISCONSIN STREET
City-St-Zip: PALMYRA, WI 53156

Title: MGR () Delete
Name: STAPLETON, RITA
Address: W338S4666 DRUMLIN DRIVE
City-St-Zip: DOUSMAN, WI 53118

Title: MGRM () Delete
Name: LESAR, NICK
Address: 627 W. WISCONSIN STREET
City-St-Zip: PALMYRA, WI 53156

Title: MGRM () Delete
Name: STAPLETON, MICHAEL
Address: W338S4666 DRUMLIN DRIVE
City-St-Zip: DOUSMAN, WI 53118

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JANET LESAR

MRS

04/22/2007

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