

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-24-2006 90244 027 ****55.00

DOCUMENT # L05000007452

1. Entity Name
TROPICAL PROPERTY INVESTMENT, LLC



Principal Place of Business
**5706 SPRINGMONTE CT
ORLANDO, FL 32810 US**

Mailing Address
**PO BOX 682612
ORLANDO, FL 32868 US**

20010298



2. Principal Place of Business
6573 LAKE PEMBROKE PL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012006 Chg-LLC CR2E083 (11/05)

City & State
ORLANDO FL

City & State

4. FEI Number
20-2218663

Applied For
Not Applicable

Zip
32829

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAIKARAN, KHEMRAJ
5706 SPRINGMONTE CT
ORLANDO, FL 32810**

Name
KHEMRAJ JAIKARAN

Street Address (P.O. Box Number is Not Acceptable)
6573 LAKE PEMBROKE PLACE

City
ORLANDO

FL

Zip Code
32829

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 **KHEMRAJ JAIKARAN**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

DATE

2-20-06

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JAIKARAN, KHEMRAJ
PO BOX 682612
ORLANDO, FL 32868** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6573 Lake Pembroke PL
Orlando, FL 32868** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JAIKARAN, GWORIE K
PO BOX 682612
ORLANDO, FL 32868** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**6573 LAKE PEMBROKE PLACE
ORLANDO, FL 32868** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/20/06 407-748-5825