


**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      Mailing Address  
**5706 SPRINGMONTE CT**      **PO BOX 682612**  
**ORLANDO, FL 32810 US**      **ORLANDO, FL 32868 US**

**20010298**



2. Principal Place of Business      3. Mailing Address  
**6573 LAKE PEMBROKE PL**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02012006    Chg-LLC    CR2E083 (11/05)

City & State      City & State  
**ORLANDO FL**

Zip      Country      Zip      Country  
**32829**

4. FEI Number      Applied For  
**20-2218663**      Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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]*      DATE **2-20-06**

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JAIKARAN, KHEMRAJ	
STREET ADDRESS	PO BOX 682612	
CITY-ST-ZIP	ORLANDO, FL 32868	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JAIKARAN, GWORIE K	
STREET ADDRESS	PO BOX 682612	
CITY-ST-ZIP	ORLANDO, FL 32868	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6573 Lake Pembroke PL</b>	
CITY-ST-ZIP	<b>Orlando FL 32868</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>6573 LAKE PEMBROKE PLACE</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32868</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*      DATE **2/20/06**      DAYTIME PHONE # **407-748-5825**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #