

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2007 08:00 A
Secretary of State

DOCUMENT # L05000042285

1. Entity Name
FLORIDA TROPICAL DEVELOPMENT, LLC



Principal Place of Business
3340 CRENSHAW LAKE ROAD
LUTZ, FL 33548

Mailing Address
3340 CRENSHAW LAKE ROAD
LUTZ, FL 33548



03262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2799087

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MYERS, W. PARKINSON
3340 CRENSHAW LAKE ROAD
LUTZ, FL 33548

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000681293
04/04/07-80037-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MYERS, W. PARKINSON
STREET ADDRESS	3340 CRENSHAW LAKE ROAD
CITY- ST- ZIP	LUTZ, FL 33548

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

W. PARKINSON MYERS

3/26/07

Date

Daytime Phone # _____