


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000045109 1. Entity Name TROPQUEST, L.L.C. |  |
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|--|--|
| Principal Place of Business 322 WOODS AVENUE TAVERNIER, FL 33070 | Mailing Address 322 WOODS AVENUE TAVERNIER, FL 33070 |
|--|--|



04012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-2841202 | Applied For Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SPEAR, RALPH E 322 WOODS AVENUE TAVERNIER, FL 33070 |
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**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**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM DEVROEDT, MARK 15360 N.E. 1ST COURT TAVERNIER, FL 33070 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SPEAR, RALPH E 322 WOODS AVENUE TAVERNIER, FL 33070 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CANNAZZARO, NICHOLAS 116 ATLANTIC DRIVE KEY LARGO, FL 33037 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |


**DO NOT WRITE
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04/18/07-80076-024 50.00

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

 4/5/07

Date

Daytime Phone #