

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088516

FILED  
May 01, 2008  
Secretary of State

Entity Name: TROPICAL LAND VENTURES, LLC

## Current Principal Place of Business:

1314 E. LAS OLAS BLVD  
#1122  
FT. LAUDERDALE, FL 33301

## New Principal Place of Business:

## Current Mailing Address:

1314 E. LAS OLAS BLVD  
#1122  
FT. LAUDERDALE, FL 33301

## New Mailing Address:

FEI Number: 42-1694968      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

DE LUCA, ANASTASIA  
1314 E. LAS OLAS BLVD.  
#1122  
FT. LAUDERDALE, FL 33301 US

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: MGRM ( ) Delete  
Name: BAIDEN, CHRISTOPHER J  
Address: 1314 E. LAS OLAS BLVD #1122  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM ( ) Delete  
Name: DELUCA, ANASTASIA  
Address: 1314 E. LAS OLAS BLVD #1122  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition  
Name: DE LUCA, STEFANIE E  
Address: 308 SW 18 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33312

I hereby certify that the information supplied with this filing does not qualify 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: ANASTASIA BAIDEN

MNGR

05/01/2008

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