

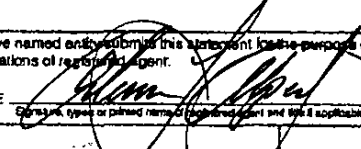
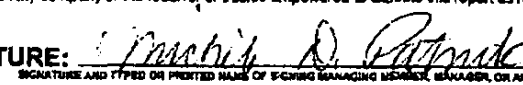
Apr 29 08 08:18p

Michele Patrick

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90039 049 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |                                                                                                                                                |                                                                                                                                                            |
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| <b>DOCUMENT # L05000097620</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                               |                                                                                                                                                            |
| 1. Entity Name<br><b>TROPIC ISLE INVESTORS, L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        |                                                                                                                                                |                                                                                                                                                            |
| Principal Place of Business<br><b>101 22ND STREET<br/>BRADENTON BEACH, FL 34217</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        | Mailing Address<br><b>5652 MARQUESAS CIR<br/>SARASOTA, FL 34233</b>                                                                            |                                                                                                                                                            |
| 2. Principal Place of Business - No P.O. Box #<br><b>4809 NW 18 Place</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        | 3. Mailing Address<br><b>4809 NW 18 Place</b>                                                                                                  |                                                                                                                                                            |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        | Suite, Apt. #, etc.                                                                                                                            |                                                                                                                                                            |
| City & State<br><b>Gainesville, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        | City & State<br><b>Gainesville, FL</b>                                                                                                         |                                                                                                                                                            |
| Zip<br><b>32605</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country<br><b>USA</b>                                                                                                  | Zip<br><b>32605</b>                                                                                                                            | Country<br><b>USA</b>                                                                                                                                      |
| 4. FBI Number<br><b>20-3589082</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                         |                                                                                                                                                            |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        | \$5.00 Additional Fee Required                                                                                                                 |                                                                                                                                                            |
| 6. Name and Address of Current Registered Agent<br><b>KURTLEY, WILLIAM T<br/>1776 RINGLING BLVD<br/>SARASOTA, FL 34236</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        | 7. Name and Address of New Registered Agent<br><b>BUSH ROSS REGISTERED AGENT SERVICES, LLC<br/>1801 N. HIGHLAND AVENUE<br/>TAMPA, FL 33602</b> |                                                                                                                                                            |
| 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                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                        | DATE<br><b>April 29, 2008</b>                                                                                                                  |                                                                                                                                                            |
| Adam L. Alpert, V.P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        | (NOTE: Registered Agent signature required when renewing)                                                                                      |                                                                                                                                                            |
| FILE NOW!! FEB-15 \$138.75<br>After May 1, 2008 Fee will be \$536.75                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                                                                                                                                                |                                                                                                                                                            |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        | 10. ADDITIONS/CHANGES                                                                                                                          |                                                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>HICKERNELL, WARREN D JR<br>5652 MARQUESAS CIR<br>SARASOTA, FL 34233 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | MGRM<br>Michele Patrick<br>4809 NW 18th Place<br>Gainesville FL 32605 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | MGRM<br>Roger Desjarlais<br>2940 Old Orchard Road<br>Fort Lauderdale FL 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | MGRM<br>Roy Desjarlais<br>15740 - 74th Ave. North<br>Palm Beach Garde FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                        | Date <b>5/29/08</b> 352-538-9486                                                                                                               |                                                                                                                                                            |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        | Date                                                                                                                                           |                                                                                                                                                            |

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