

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099962

Entity Name: LINTON TROPICALS LLC

FILED
Aug 10, 2007
Secretary of State

Current Principal Place of Business:

1220 TWELVE OAK RD
ST CLOUD, FL 34771

New Principal Place of Business:

Current Mailing Address:

1220 TWELVE OAK RD
ST CLOUD, FL 34771

New Mailing Address:

FEI Number: 20-3756840 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:

LINTON, ALAN P
1220 TWELVE OAK RD
ST CLOUD, FL 34771 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: MGR () Delete
Name: LINTON, ALAN P
Address: 1220 TWELVE OAK RD
City-St-Zip: ST CLOUD, FL 34771

Title: MGR () Delete
Name: LINTON, SCOTT P
Address: 1220 TWELVE OAK RD
City-St-Zip: ST CLOUD, FL 34771

ADDITIONS/CHANGES:

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

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

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: ALAN P. LINTON

MGR

08/10/2007

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