2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# L05000117334

Entity Name: TROPIC FASTENERS, LLC

Current Principal Place of Business:

255 SEMORAN COMMERCE PLACE, SUITE 101
APOPKA, FL 32703

New Principal Place of Business:

255 SEMORAN COMMERCE PLACE
UNIT 113
APOPKA, FL 32703

Current Mailing Address:

255 SEMORAN COMMERCE PLACE, SUITE 101
APOPKA, FL 32703

New Mailing Address:

255 SEMORAN COMMERCE PLACE
UNIT 113
APOPKA, FL 32703

FEI Number: 20-4032802 **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:

WATSON, JUDY L
255 SEMORAN COMMERCE PLACE, SUITE 101
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

WATSON, JUDY L
255 SEMORAN COMMERCE PLACE
UNIT 113
APOPKA, FL 32703 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: _____ 07/05/2006
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MRS. ( ) Change (X) Addition
Name: WATSON, JUDY L PRES.
Address: 1157 SWEET HEATHER LANE
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDY L. WATSON PRES 07/05/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date