2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2006
Secretary of State

DOCUMENT# L05000120842

Entity Name: TROPICAL MODULAR SERVICE, LLC

Current Principal Place of Business:

4823 TRITON COURT EAST, APT. 4
CAPE CORAL, FL

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 50236
FT. MYERS, FL 33994

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEDINA, MILCIADES A
4823 TRITON COURT EAST, APT. 4
CAPE CORAL, FL US

Name and Address of New Registered Agent:

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: MEDINA, MILCIADES A
Address: 4823 TRITON COURT EAST, APT. 4
City-St-Zip: CAPE CORAL, FL

ADDITIONS/CHANGES:

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

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: MILCIADES A. MEDINA. MGR 02/22/2006

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