


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90184 025 \*\*\*\*50.00

<b>DOCUMENT # L05000120842</b>	
1. Entity Name <b>TROPICAL MODULAR SERVICE, LLC</b>	

Principal Place of Business <b>4823 TRITON COURT EAST, APT. 4 CAPE CORAL, FL</b>	Mailing Address <b>P.O. BOX 50236 FT. MYERS, FL 33994</b>
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**60029976**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03082007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>APPLIED FOR 20-3745073</b>		Applied For <input checked="" 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 <b>MEDINA, MILCIADES A 4823 TRITON COURT EAST, APT. 4 CAPE CORAL, FL</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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.

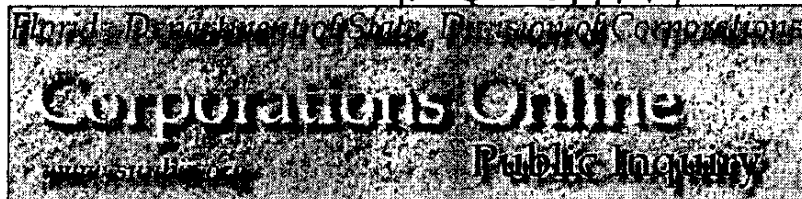
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEDINA, MILCIADES A 4823 TRITON COURT EAST, APT. 4 CAPE CORAL, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:** Milciades Medina **03-1507**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT  
# 60029976

## Florida Limited Liability

## TROPICAL MODULAR SERVICE, LLC

## PRINCIPAL ADDRESS

4823 TRITON COURT EAST, APT. 4  
CAPE CORAL FL

## MAILING ADDRESS

P.O. BOX 50236  
FT. MYERS FL 33994Document Number  
L05000120842State  
FLFEI Number  
APPLIEDStatus  
ACTIVEDate Filed  
12/19/2005Effective Date  
NONETotal Contribution  
0.00

## Registered Agent

Name & Address
MEDINA, MILCIADES A 4823 TRITON COURT EAST, APT. 4 CAPE CORAL FL

## Manager/Member Detail

Name & Address	Title
MEDINA, MILCIADES A 4823 TRITON COURT EAST, APT. 4 CAPE CORAL FL	MGR

## Annual Reports

Report Year	Filed Date
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