

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90349 001 ***277.50

DOCUMENT # L06000001328

1. Entity Name

TROPICANA ASSOCIATES, LLC



Principal Place of Business

% HARVARD APARTMENTS
1501 HARVARD CIRCLE
MELBOURNE FL 32905

Mailing Address

% HARVARD APARTMENTS
1501 HARVARD CIRCLE
MELBOURNE FL 32905



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

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-4135255

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIPPER, DAVID
% HARVARD APARTMENTS
1501 HARVARD CIRCLE
MELBOURNE FL 32905

Name Hoffman, mark

Street Address (P.O. Box Number is Not Acceptable) 616 Harvard Apart. - Construction

1501 Harvard Circle

City Melbourne

FL

Zip Code 32905

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

April 28 2008

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	KLIPPER, DAVID	
STREET ADDRESS	1501 HARVARD CIR	
CITY - ST - ZIP	MELBOURNE FL 32905	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WILF, LEONARD	
STREET ADDRESS	820 MORRIS TURNPIKE	
CITY - ST - ZIP	SHORT HILLS NJ 07078	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Page #