2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016172

Name:

Address:

City-St-Zip:

MCCASLIN, DEBRA L

CAPE CORAL, FL 33990

1909 SOUTHEAST 16TH STREET

Entity Name: TROPICAL INVESTIGATIONS, LLC

FILED Jan 05, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1909 SOUTHEAST 16TH STREET 1415 DEAN ST SUITE 111 CAPE CORAL, FL 33990 FORT MYERS, FL 33901 **Current Mailing Address: New Mailing Address:** 1909 SOUTHEAST 16TH STREET 1415 DEAN ST SUITE 111 CAPE CORAL, FL 33990 FORT MYERS, FL 33901 FEI Number: 22-3921729 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MCCASLIN, RAYMOND Name: Name: 1909 SOUTHEAST 16TH STREET Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MCCASLIN, DEBRA L Name: Address: 1909 SOUTHEAST 16TH STREET Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: () Delete Title: () Change () Addition MCCASLIN, RAYMOND D Name: Name: 1909 SOUTHEAST 16TH STREET Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: R MCCASLIN MGR 01/05/2008