

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016172

FILED  
Feb 08, 2010  
Secretary of State

Entity Name: TROPICAL INVESTIGATIONS, LLC

**Current Principal Place of Business:**

1415 DEAN ST SUITE 111  
FORT MYERS, FL 33901

**New Principal Place of Business:**

1415 DEAN ST SUITE 100  
FORT MYERS, FL 33901

**Current Mailing Address:**

1415 DEAN ST SUITE 111  
FORT MYERS, FL 33901

**New Mailing Address:**

1415 DEAN ST SUITE 100  
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:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

**Name and Address of New Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1415 DEAN ST SUITE 100  
4TH FLOOR  
FORT MYERS, FL 33901 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:

02/08/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCCASLIN, RAYMOND  
Address: 1415 DEAN ST SUITE 100  
City-St-Zip: FORT MYERS, FL 33901

Title: MGR  
Name: MCCASLIN, DEBRA L MCCASLI  
Address: 1415 DEAN ST SUITE 100  
City-St-Zip: FORT MYERS, FL 33901

Title: S  
Name: MCCASLIN, RAYMOND D  
Address: 1415 DEAN ST SUITE 100  
City-St-Zip: FORT MYERS, FL 33901

Title: T  
Name: MCCASLIN, DEBRA L  
Address: 1415 DEAN ST SUITE 100  
City-St-Zip: FORT MYERS, FL 33901

I hereby 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: R MCCASLIN

MGR

02/08/2010

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