

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90211 029 ****50.00

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03102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000089771					
1. Entity Name TROPICAL OUTPOST LLC					
Principal Place of Business 3022 KEY HARBOR DRIVE SAFETY HARBOR, FL 34695		Mailing Address 2519 MCMULLEN BOOTH RD. SUITE 510-308 CLEARWATER, FL 33761			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5458689	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTILHO, ELIZABETH 2519 MCMULLEN BOOTH RD., STE. 510-308 CLEARWATER, FL 33761			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASTILHO, ELIZABETH	NAME			
STREET ADDRESS	2519 MCMULLEN BOOTH ROAD	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASTILHO, CARLOS J	NAME			
STREET ADDRESS	2519 MCMULLEN BOOTH ROAD	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Elizabeth Costa</i>		3/8/07		727-799-8774	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	