

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098117

FILED
Sep 08, 2007
Secretary of State

Entity Name: TROPICAL CONNECTION LLC

Current Principal Place of Business:

3500 SW 19TH AVE
APT. 234
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

3500 SW 19TH AVE
APT. 234
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 20-5678948 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, ANDRE K
3500 SW 19TH AVE
APT 234
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: SMITH, ANDRE K
Address: 930 N. LAKEWOOD TERR
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR () Delete
Name: SMITH, FRED M
Address: 930 N. LAKEWOOD TERR
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR (X) Delete
Name: FRIERSON, BRETT C
Address: 3500 SW 19TH AVE APT. 234
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR (X) Delete
Name: CALLAHAN, TYLER
Address: 3500 SW 19TH AVE APT. 134
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANDRE SMITH

MGRM

09/08/2007

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