

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # L06000117304

1. Entity Name
TROPICAL VENTURES LLC



Principal Place of Business
102 SOUTH 12TH. STREET
TAMPA, FL 33602 US

Mailing Address
102 SOUTH 12TH. STREET
TAMPA, FL 33602 US



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-8015260

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, STEPHEN F
2816 WEST TERRACE DRIVE
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000781691
01/15/08-80043-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SMITH, STEPHEN F
STREET ADDRESS	2816 WEST TERRACE DRIVE
CITY - ST - ZIP	TAMPA, FL 33609
TITLE	MGRM
NAME	COOPER, DONALD S
STREET ADDRESS	2911 CHAPIN AVENUE
CITY - ST - ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

Don Cooper Don Cooper, mgrm

1/9/08

813/
273-0034