

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117304

Entity Name: TROPICAL VENTURES LLC

FILED  
Mar 24, 2009  
Secretary of State

**Current Principal Place of Business:**

102 SOUTH 12TH. STREET  
TAMPA, FL 33602 US

**New Principal Place of Business:**

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

**New Mailing Address:**

FEI Number: 20-8015260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SMITH, STEPHEN F  
2816 WEST TERRACE DRIVE  
TAMPA, FL 33609 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, STEPHEN F  
Address: 2816 WEST TERRACE DRIVE  
City-St-Zip: TAMPA, FL 33609 US

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: COOPER, DONALD S  
Address: 2911 CHAPIN AVENUE  
City-St-Zip: TAMPA, FL 33611 US

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: STEPHEN F SMITH

MGR

03/24/2009

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