

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 08, 2008
Secretary of State**

DOCUMENT# L07000035182

Entity Name: TROPICAL HOME LLC

Current Principal Place of Business:

37 SHADOW CREEK WAY
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

37 SHADOW CREEK WAY
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 41-2234533 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EALES, ROBERT A
37 SHADOW CREEK WAY
ORMOND BEACH, FL 32174 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: EALES, ROBERT A
Address: 37 SHADOW CREEK WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: JACKSON, GARY E
Address: 6454 SHINNWOOD ROAD
City-St-Zip: WILMINGTON, NC 28409 US

ADDITIONS/CHANGES:

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: ROBERT A EALES

MR

01/08/2008

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