2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# L08000080558

Entity Name: TROPIC DESIGN & CONSULTING, L.L.C.

Current Principal Place of Business:

8267-B CAUSEWAY BOULEVARD
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

8267-B CAUSEWAY BOULEVARD
TAMPA, FL 33619 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

GARDNER, MERRITT A
5415 MARINER STREET
SUITE 200
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: MGR ( ) Delete
Name: GOTTSCHALK, PETER M
Address: 4824 KING LAKE DRIVE
City-St-Zip: LAND O LAKES, FL 34639 US

Title: MGR ( ) Delete
Name: SELTRECHT, DETLEF
Address: POST OFFICE BOX 674
City-St-Zip: PLACIDA, FL 33946 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: PETER M. GOTTSCHALK PRES 05/04/2009

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