## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000117808

Entity Name: TROPICAL OPTICS LLC

Address:

City-St-Zip:

2825 BUSINESS CNT BLVD. WICKHAM BUS.D-7

MELBOURNE, FL 32940 US

FILED Jun 30, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2825 BUSINESS CENTER BLVD. WICKHAM BUSINESS PARK, SUITE D-7 MELBOURNE, FL 32940 **Current Mailing Address: New Mailing Address:** 2825 BUSINESS CENTER BLVD. WICKHAM BUSINESS PARK, SUITE D-7 MELBOURNE, FL 32940 FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X) 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: Name and Address of New Registered Agent: JENNINGS, MARTIN 2825 BUSINESS CENTER BLVD. WICKHAM BUSINESS PARK, SUITE D-7 MELBOURNE, FL 32940 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete JENNINGS, MARTIN Name: Name: Address: 2825 BUSINESS CNT BLVD. WICKHAM BUS.D-7 Address: City-St-Zip: MELBOURNE, FL 32940 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: JENNINGS, KATHRYN 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: MARTIN E. JENNINGS MGRM 06/30/2009