

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000968

FILED
Apr 25, 2007
Secretary of State

Entity Name: TROPICAL PROPERTIES, LLC

Current Principal Place of Business:

422 FLEMING ST.
KEY WEST, FL 33040

New Principal Place of Business:

1616 ATLANTIC BLVD.
UNIT # 11
KEY WEST, FL 33040

Current Mailing Address:

422 FLEMING ST.
KEY WEST, FL 33040

New Mailing Address:

1616 ATLANTIC BLVD.
UNIT #11
KEY WEST, FL 33040

FEI Number: 65-0895555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUER, CHARLES
% HOG'S BRANCH
400 FRONT ST. SUITE C
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

BAUER, CHARLES
C/O HOG'S BREATH
400 FRONT ST. SUITE C
KEY WEST, FL 33040 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: CHARLES BAUER

04/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BAUER, CHARLES
Address: 400 FRONT ST.
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: MORRIS, EDWARD A
Address: 1616 ATLANTIC BLVD.
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MORRIS, EDWARD A
Address: 1616 ATLANTIC BLVD., UNIT # 11
City-St-Zip: KEY WEST, FL 33040

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: EDWARD A. MORRIS

MGRM

04/25/2007

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