

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000968

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** TROPICAL PROPERTIES, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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  
C/O HOG'S BREATH  
400 FRONT ST. SUITE C  
KEY WEST, FL 33040 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: BAUER, CHARLES  
Address: 400 FRONT ST.  
City-St-Zip: KEY WEST, FL 33040

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

**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:** EDWARD A. MORRIS

MGMR

04/16/2008

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