


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
08:00 A
Secretary of State

DOCUMENT # L99000005185 1. Entity Name TROPIC REAL ESTATE HOLDINGS, LLC	
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Principal Place of Business 11620 BALD CYPRESS LANE LAKE WORTH, FL 33467	Mailing Address P.O. BOX 949 LOXAHATCHEE, FL 33470-0949
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03272006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0958588	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BEHRINGER, DAVID 11620 BALD CYPRESS LANE LAKE WORTH, FL 33467
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEHRINGER, DAVID 11620 BALD CYPRESS LANE LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEHRINGER, MARK 14443 HALTER ROAD WELLINGTON, FL 33414
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Mark O'Byrne

3/26/07 561-640-7422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #