

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90615 009 ***150.00

DOCUMENT # L9900005185

1. Entity Name

TROPIC REAL ESTATE HOLDINGS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11620 BALD CYPRESS

3. Mailing Address

PO BOX 949

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LOXAHATCHEE, FL

4. FEI Number

65-0958588

Applied For

Not Applicable

Zip

33467

Country

US

Zip

33470-0949

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DAVID BEHNINGER

Street Address (P.O. Box Number is Not Acceptable)

11620 BALD CYPRESS LN

City

LAKE WORTH

FL

Zip Code

33467

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P DAVID BEHNINGER
11620 BALD CYPRESS LN
LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V MARY BEHNINGER
14443 HALTER RD
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARK BEHNINGER

4/1/03 (501) 640-7422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)