


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 05, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000000663</b> 1. Entity Name TROPICAL INVESTMENTS VENTURES, LLC	
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Principal Place of Business 1749 HARVEST COVE WINTER PARK, FL 32792	Mailing Address 1749 HARVEST COVE WINTER PARK, FL 32792
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**DO NOT WRITE IN THIS SPACE**



07102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0588102	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  KLEIN, KEVIN D 1749 HARVEST COVE WINTER PARK, FL 32792
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. KLEIN, KEVIN 1749 HARVEST COVE WINTER PARK, FL 32792
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09/05/06-80001-011 50.00

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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_