

**2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 04, 2004  
Secretary of State**

DOCUMENT# L02000020933

Entity Name: TRICON DEVELOPMENT GROUP, L.L.C.

**Current Principal Place of Business:**

595 HIALEAH DRIVE  
HIALEAH, FL 33010 US

**New Principal Place of Business:**

**Current Mailing Address:**

595 HIALEAH DRIVE  
HIALEAH, FL 33010 US

**New Mailing Address:**

FEI Number: 45-0525280      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALEZ, SHARIE  
595 HIALEAH DRIVE  
HIALEAH, FL 33010 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GONZALEZ, SHARIE  
Address: 595 HIALEAH DRIVE  
City-St-Zip: HIALEAH, FL 33010 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GONZALEZ, SHARIE  
Address: 595 HIALEAH DRIVE  
City-St-Zip: HIALEAH, FL 33010 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHARIE GONZALEZ

MGR

10/04/2004

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