


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 13, 2004 8:00 am
Secretary of State

08-16-2004 90134 017 ****50.00

DOCUMENT # L03000013381
 1. Entity Name
TRISTAR FAMILY HOLDINGS, L.C.



Principal Place of Business Mailing Address
430 S.W. 195TH AVENUE **430 S.W. 195TH AVENUE**
PEMBROKE PINES FL 33029 **PEMBROKE PINES FL 33029**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



MOORE CR2E083 (4/04)

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LESLIE ANN ROZENCWAIG, P.A.
ONE S.E. THIRD AVENUE, SUITE 960
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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Handwritten in 10. ADDITIONS/CHANGES:
 Manager
 Diana Rodriguez
 430 SW 195 Ave
 Pembroke Pines FL
 33029

11. 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 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: *Diana Rodriguez* **Diana Rodriguez** 305 525-8112/104 2101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #