


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90276 006 ****50.00

DOCUMENT # L03000018130 1. Entity Name TRI-BRANDS OF WEST COLONIAL, LLC	
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Principal Place of Business C/O RICHARD PALADINO 505 SOUTH FLAGLER DRIVE, STE. 1330 WEST PALM BEACH, FL 33401	Mailing Address C/O RICHARD PALADINO 505 SOUTH FLAGLER DRIVE, STE. 1330 WEST PALM BEACH, FL 33401
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2. Principal Place of Business <i>6234 W. COLONIAL DR.</i> Suite, Apt. #, etc.	3. Mailing Address <i>13781 S. JOHN YOUNG PKWY</i> Suite, Apt. #, etc.
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03102004 Chg-LLC CR2E083 (10/03)

City & State <i>Orlando, FL</i>	City & State <i>Orlando, FL</i>	4. FEI Number <i>20-0049300</i>	Applied For <input type="checkbox"/> Not Applicable
7in <i>32808</i>	Country <i>ORANGE</i>	Zip <i>32837</i>	Country <i>ORANGE</i>

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PALADINO, RICHARD 505 SOUTH FLAGLER DRIVE, STE. 1330 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name <i>Jorge Armenteros</i> Street Address (P.O. Box Number is Not Acceptable) <i>13781 S. JOHN YOUNG PKWY</i> City <i>Orlando</i> FL Zip Code <i>32837</i>
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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]* DATE *3/10/04*

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE MGR NAME ARMENTEROS, JORGE L STREET ADDRESS 505 SOUTH FLAGLER DR., STE. 1330 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE MGR NAME ARMENTEROS, JORGE L. STREET ADDRESS 14409 YAKIMA TRAIL CITY-ST-ZIP Orlando, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: *3/10/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #