


**2005 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED
05 NOV -8 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MK

DOCUMENT # L04000043592			
1. Entity Name TRICONY TRADE CENTRE SOUTH MANAGER, L.L.C.			
Principal Place of Business 313 1/2 WORTH AVENUE, STE. B-1 PALM BEACH, FL. 33480		Mailing Address 313 1/2 WORTH AVENUE, STE. B-1 PALM BEACH, FL. 33480	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRICONY FLORIDA CORP. 313 1/2 WORTH AVENUE, STE. B-1 PALM BEACH, FL. 33480		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 <i>Rick Torres</i> Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 11/8/05	
FILE NOW!!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
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 checked="" type="checkbox"/> Addition
		President Rick Torres 313 1/2 Worth Avenue, Suite B-1 Palm Beach, FL 33480	
		Vice President Michael Torres 313 1/2 Worth Avenue, Suite B-1 West Palm Beach, FL 33480	
		Vice President & Treasurer Edward Torres, 313 1/2 Worth Avenue, Suite B-1, Palm beach, FL 33480	
		Secretary Marylu Kauder 313 1/2 Worth Avenue, Suite B-1 Palm Beach, FL 33480	
REINSTATEMENT 2005			
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: <i>Rick Torres</i> SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		11/5/05 561-832-7088 Date Daytime Phone #	



11042005 REIN-LLC CR2E101 (6/04)
4. FEI Number
20-3745961
Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

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11/10/05--01004--004 **50.00