2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 12, 2006
Secretary of State

DOCUMENT# L04000072205

Entity Name: TRI COUNTY PORT O LET LLC

Current Principal Place of Business:

PO BOX 6
SUMMERFIELD, FL 32691

New Principal Place of Business:

Current Mailing Address:

PO BOX 6
SUMMERFIELD, FL 32691

New Mailing Address:

FEI Number: 20-1702873 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COUTURE, EUGENE
15700 SE 73 AVE
SUMMERFIELD, FL 34491 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/MANAGERS:

Title: MGR ( ) Delete
Name: COUTURE, EUGENE
Address: PO BOX 6
City-St-Zip: SUMMERFIELD, FL 32691

Title: MGR (X) Delete
Name: COUTURE, PAULINE
Address: PO BOX 6
City-St-Zip: SUMMERFIELD, FL 32691

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: EUGINE COUTURE MGR 07/12/2006

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