2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L04000090058

Entity Name: TRIMERGE PROPERTIES, LLC

Current Principal Place of Business:

2030 SOUTH DOUGLAS ROAD
SUITE 206
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2030 SOUTH DOUGLAS ROAD
SUITE 206
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUNOZ, RICHARD A
2030 SOUTH DOUGLAS ROAD
SUITE 206
CORAL GABLES, FL 33134 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: MGRM ( ) Delete
Name: MUNOZ, RICHARD A
Address: 2030 SOUTH DOUGLAS ROAD, SUITE 206
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: CABAN, WILLIAM J
Address: 1404 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: BELARDI, JOE L
Address: 895 SW 86 CT.
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES:

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

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 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: RICHARD A. MUNOZ MGRM 04/28/2009

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