

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000003315

**FILED**  
**Sep 28, 2006**  
**Secretary of State**

**Entity Name:** TRICROWN MANAGEMENT, LLC

**Current Principal Place of Business:**

228 AMHERST AVE.  
SARASOTA, FL 34232

**New Principal Place of Business:**

13356 PURPLE FINCH CIRCLE  
BRADENTON, FL 34202

**Current Mailing Address:**

228 AMHERST AVE.  
SARASOTA, FL 34232

**New Mailing Address:**

13356 PURPLE FINCH CIRCLE  
BRADENTON, FL 34202

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HALEY, JONATHAN  
228 AMHERST AVE.  
SARASOTA, FL 34232    US

**Name and Address of New Registered Agent:**

HALEY, JONATHAN  
13356 PURPLE FINCH CIRCLE.  
BRADENTON, FL 34202    US

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: JONATHAN HALEY

09/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM    ( ) Delete  
Name: HALEY, JON  
Address: 228 AMHERST AVE.  
City-St-Zip: SARASOTA, FL 34232

Title: MGRM    ( ) Delete  
Name: COSTANTINI, MARY  
Address: 228 AMHERST AVE.  
City-St-Zip: SARASOTA, FL 34232

Title: MGRM    (X) Delete  
Name: WEST, JOHNNY R  
Address: 228 AMHERST AVE.  
City-St-Zip: SARASOTA, FL 34232

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change ( ) Addition  
Name: HALEY, JON  
Address: 13356 PURPLE FINCH CIRCLE  
City-St-Zip: BRADENTON, FL 34202

Title: MGRM    (X) Change ( ) Addition  
Name: COSTANTINI, MARY  
Address: 13356 PURPLE FINCH  
City-St-Zip: BRADENTON, FL 34202

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: JONATHAN HALEY

MGRM

09/28/2006

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