2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000016803

Entity Name: TRITECH PARTNERS, LLC.

Current Principal Place of Business:

1503 EAST 9TH AVE
TAMPA, FL 33605 US

New Principal Place of Business:

Current Mailing Address:

4912 THONOTOSASSA ROAD
PLANT CITY, FL 33565 US

New Mailing Address:

FEI Number: 26-1981808 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, SCOTT F
4890 W KENNEDY BLVD
240
TAMPA, FL 33609 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: LESTER, DONNA G
Address: 1509 E 9TH AVE
City-St-Zip: TAMPA, FL 33605 US

Title: MGR ( ) Delete
Name: LESTER, SR., ELVIS K
Address: 1509 E 9TH AVE
City-St-Zip: TAMPA, FL 33605 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LESTER, DONNA G
Address: 1503 E 9TH AVE
City-St-Zip: TAMPA, FL 33605 US

Title: MGR (X) Change ( ) Addition
Name: LESTER, SR., ELVIS K
Address: 1503 E 9TH AVE
City-St-Zip: TAMPA, FL 33605 US

Title: MGR ( ) Change (X) Addition
Name: FRY, YVONNE
Address: 1503 E 9TH AVENUE
City-St-Zip: TAMPA, FL 33605

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: DONNA G LESTER MGR 04/30/2009

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