


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

RECEIVED
 DIVISION OF CORPORATIONS
 FEB 17 1999
 99 APR 20 AM 11:32
 BY:

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002596 TRICONY MANAGEMENT, LLC 313 1/3 WORTH AVENUE, SUITE B-1 PALM BEACH FL 33480	CA-AR CM
---	-------------

1a. Principal Place of Business Address 313 1/3 WORTH AVENUE, SUITE PALM BEACH FL 33480

2. Principal Place of Business 313 1/2 Worth Avenue Suite, Apt. #, etc. Suite B-4 City & State Palm Beach, FL Zip 33480	2a. Mailing Address 313 1/2 Worth Avenue Suite, Apt. #, etc. Suite B-4 City & State Palm Beach, FL Zip 33480	3. Date Organized or Qualified 11/05/1998	3a. State of Formation FL
Country U.S.	Country U.S.	4. FEI Number 65-0873478	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent B & C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BLVD., SUITE 3000 MIAMI FL 33131

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (Officer/Registered Agent Signature required when changing agent)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	CASSEL, MARWIN S	201 S. BISCAYNE BLVD., SUI	MIAMI FL

R00002857548-10
 -04/30/99--01002--017
 ****188.75 ****188.75

11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Edward Jones* 4/15/99 (561)832-7088