

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000012 SP

DOCUMENT # **L98000002596**

1. Entity Name  
**TRICONY MANAGEMENT, LLC**

FILED

01 APR -9 AM 7:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**313 1/3 WORTH AVENUE, SUITE B-4  
PALM BEACH FL 33480**      **313 1/3 WORTH AVENUE, SUITE B-4  
PALM BEACH FL 33480**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**65-0873478**      Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required  
     

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**B & C CORPORATE SERVICES, INC.  
201 SOUTH BISCAYNE BLVD., SUITE 3000  
MIAMI FL 33131**

Name **Torres, Michael**  
Street Address (P.O. Box Number is Not Acceptable)  
**C/O Tricony Mgt. LLC**  
**313 1/2 Worth Ave. - Ste. B-1**  
City **Palm Beach** FL Zip Code **33480**

8. 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 *Michael Torres*      DATE 3-27-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

**600004014546--2**  
**-04/18/01--01009--001**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TORRES, EDWARD S ONE NORTH BREAKERS ROW PALM BEACH FL 33480</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

SIGNATURE: *Edward S Torres*      Date 3-27-01      Daytime Phone # (561) 832-4088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)