


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002596
 1. Entity Name
 TRICONY MANAGEMENT, LLC



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

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03242005No Chg-LLC CR2E083 (10/03)
 4. FEI Number: 65-0873478 Applied For: Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent
 TORRES, MICHAEL
 C/O TRICONY MGT, LLC
 313 1/2 WORTH AVE., STE B-1
 PALM BEACH, FL 33480

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, EDWARD S ONE NORTH BREAKERS ROW PALM BEACH, FL 33480
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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 Torres Date: 3-25-05 (561) 932-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #
 EDWARD TORRES