


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90129 047 ***138.75

DOCUMENT # L98000002596

1. Entity Name
 TRICONY MANAGEMENT, LLC



Principal Place of Business 313 1/3 WORTH AVENUE, SUITE B-1 PALM BEACH, FL 33480	Mailing Address 313 1/3 WORTH AVENUE, SUITE B-1 PALM BEACH, FL 33480
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60021604



01102008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0873478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~TORRES, RICK~~ TRICONY FLORIDA CORP.
~~C/O TRICONY MGT, LLC~~
 313 1/2 WORTH AVE., STE B-1
 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, RICK 313 1/2 WORTH AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRICONY FLORIDA CORP. 313 1/2 WORTH AVE. PALM BEACH, FL 33480
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] Date: 3-21-08 Daytime Phone #: (561)832-7088