

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002596

**FILED**  
**Apr 01, 2009**  
**Secretary of State**

**Entity Name:** TRICONY MANAGEMENT, LLC

**Current Principal Place of Business:**

313 1/3 WORTH AVENUE, SUITE B-1  
PALM BEACH, FL 33480

**New Principal Place of Business:**

313 1/2 WORTH AVENUE, SUITE B-1  
PALM BEACH, FL 33480

**Current Mailing Address:**

313 1/3 WORTH AVENUE, SUITE B-1  
PALM BEACH, FL 33480

**New Mailing Address:**

313 1/2 WORTH AVENUE, SUITE B-1  
PALM BEACH, FL 33480

FEI Number: 65-0873478

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

TRICONY FLORIDA CORP.  
313 1/2 WORTH AVE., STE B-1  
PALM BEACH, FL 33480 US

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: RICK TORRES

04/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TRICONY FLORIDA CORP, .  
Address: 3131/2 WORTH AVE  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TRICONY FLORIDA CORP, .  
Address: 313 1/2 WORTH AVE. SUITE B-1  
City-St-Zip: PALM BEACH, FL 33480

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: RICK TORRES

PRES

04/01/2009

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