

# 2001 UNIFORM BUSINESS REPORT (UBR)

0032514 SP

**DOCUMENT # L99000005107**

1. Entity Name  
**TRICONY WPB, L.L.C.**

**FILED**  
01 APR -2 PM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O 313 1/2 WORTH AVENUE, SUITE B-1 PALM BEACH FL 33480	Mailing Address C/O 313 1/2 WORTH AVENUE, SUITE B-1 PALM BEACH FL 33480
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0942270</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>B &amp; C CORPORATE SERVICES, INC. 201 SOUTH BISCAYNE BOULEVARD, SUITE 3000 MIAMI FL 33131</b>	7. Name and Address of New Registered Agent Name: <b>Lorres, Michael</b> Street Address (P.O. Box Number is Not Acceptable): <b>C/O Tricony Mgt., LLC 313 1/2 Worth Ave - Ste B-1</b> City: <b>Palm Beach</b> FL Zip Code: <b>33480</b>
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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.

SIGNATURE: *Michael Lorres* 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**

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete	TITLE	<b>800003962978-3</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRICONY WPB CORP.</b>		NAME	<b>-04/06/01--01074--017</b>	
STREET ADDRESS	<b>C/O 313 1/2 WORTH AVENUE, SUITE B-1</b>		STREET ADDRESS	<b>*****50.00 *****50.00</b>	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *Michael Lorres* DATE: **3-27-01** (561) 832-4088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)