


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000005107
 1. Entry Name
 TRICONY WPB, L.L.C.



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| 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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02242004 No Chg-LLC CR2E083 (10/03)

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|---|--------------------------------|
| 4. FEI Number 65-0942270 | 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, MICHAEL
 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, 2004

UN00000100231
03/31/04-80037-020 50.00

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM TRICONY WPB CORP. C/O 313 1/2 WORTH AVENUE, SUITE B-1 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 606, Florida Statutes.

SIGNATURE: Michael Torres Date: 3-19-04 Phone #: 832-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE