


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # M03P00000738
 1. Entity Name
 TRISUN COPANS, LLC



Principal Place of Business Mailing Address
 1777 REISTERSTOWN ROAD, SUITE 135 EAST 1777 REISTERSTOWN ROAD, SUITE 135 EAST
 BALTIMORE, MD 21208 BALTIMORE, MD 21208



04032004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 57-1149762 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 BLOCK, STEPHEN E
 751 PARK OF COMMERCE DRIVE, SUITE 128
 BOCA RATON, FL 33487

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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**

1100000117481
 04/19/04-80022-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TRISUN FINANCIAL, L.L.C. 1777 REISTERSTOWN ROAD, SUITE 135 EAST BALTIMORE, MD 21208
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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: Steven Horowitz *Trisun Financial, LLC, Mgr/Member* 410-653-5550
 by Steven Horowitz, its President 4/15/04

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