


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M03000000738**  
 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

**DO NOT WRITE IN THIS SPACE**



04112005No Chg-LLC      CR2E083 (10/03)

4. FEI Number 57-1149762	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  
 BLOCK, STEPHEN E  
 751 PARK OF COMMERCE DRIVE, SUITE 128  
 BOCA RATON, FL 33487

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

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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 04/14/05-80050-018 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**       4/14/05 410-658-5552  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #