


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M03000000738 1. Entity Name TRISUN COPANS, LLC	
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Principal Place of Business 1777 REISTERSTOWN ROAD, SUITE 135 EAST BALTIMORE, MD 21208	Mailing Address 1777 REISTERSTOWN ROAD, SUITE 135 EAST BALTIMORE, MD 21208
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04232008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1149762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_

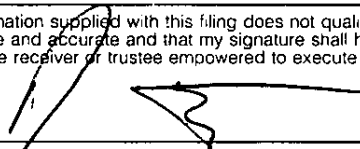
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000931304  
 05/22/08-80030-016 138.75

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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DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  *Mars UP*  
 David T. Horowitz 4/25/08 410-653-5550

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