

**FILED**  
**Jul 28, 2008 8:00 am**  
**Secretary of State**

07-28-2008 90076 001 \*\*\*416.25

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**DOCUMENT # M06000004647**

1. Entity Name  
**TRILOGY INTERNATIONAL PARTNERS LLC**



Principal Place of Business 155 108TH AVE. N.E., SUITE 400 BELLEVUE, WA 98004	Mailing Address 155 108TH AVE. N.E., SUITE 400 BELLEVUE, WA 98004
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**30010583**



2. Principal Place of Business - No P.O. Box # 110 E. BROWARD Blvd	3. Mailing Address 110 E. BROWARD Blvd.
Suite, Apt. #, etc. 1900	Suite, Apt. #, etc. 1900

07102008 Chg-LLC CR2E083 (12/08)

City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33301	Country US

4. FEI Number 20-3922481	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

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 re-registering)

**FILE NOW!!! FEE IS \$138.75  
 Due by September 12, 2008**

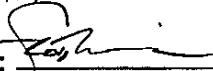
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	NAME	TITLE	NAME
MGR	STANTON, JOHN W		
	P.O. BOX 53010		
	BELLEVUE, WA 98004		
MGR	GILLESPIE, THERESA		
	P.O. BOX 53010		
	BELLEVUE, WA 98004		
MGR	HORWITZ, BRADLEY J		
	P.O. BOX 53010		
	BELLEVUE, WA 98004		

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:  DATE: 7/10/08 DAYTIME PHONE #: (954) 627-3523

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