

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004647

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** TRILOGY INTERNATIONAL PARTNERS LLC

**Current Principal Place of Business:**

110 E BROWARD BLVD #1900  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

110 E BROWARD BLVD #1900  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 20-3922481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STANTON, JOHN W  
Address: P.O. BOX 53010  
City-St-Zip: BELLEVUE, WA 98004

Title: MGR  
Name: GILLESPIE, THERESA  
Address: P.O. BOX 53010  
City-St-Zip: BELLEVUE, WA 98004

Title: MGR  
Name: HORWITZ, BRADLEY J  
Address: P.O. BOX 53010  
City-St-Zip: BELLEVUE, WA 98004

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: SARAH FUNK

DIR

02/23/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date