

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90005 011 ****50.00

DOCUMENT # L99000007505

1. Entity Name
TRIO INDUSTRIAL LLC



Principal Place of Business
7500 OLD GEORGETOWN RD, 15TH FL
BETHESDA, MD 20814

Mailing Address
7500 OLD GEORGETOWN RD, 15TH FL
BETHESDA, MD 20814



04152004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
52-1854287

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CEI REALTY, INC.
STREET ADDRESS 7500 OLD GEORGETOWN RD.
CITY-ST-ZIP BETHESDA, MD 20814

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(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: *Terri D. Klatzkin*

By: CEI Realty, Inc., Mgr
By: Terri D. Klatzkin, Vice President 301-657-7157

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

Date *4/19/04* Daytime Phone #