


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90028 047 ****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
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DO NOT WRITE IN THIS SPACE



04142005No Chg-LLC CR2E083 (10/03)

4. FEI Number 52-1854287	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CEI REALTY, INC. 7500 OLD GEORGETOWN RD. 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: <i>Terri D. Klatzkin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	By: CEI Realty, Inc., TMM By: Terri D. Klatzkin, Vice Pres 4/21/05 301-657-7157 <small>Date Daytime Phone #</small>
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(Important - Read information and instructions on reverse side before completing)

State of Florida
Department of Health
Office of Vital Statistics
DH427, JULY '03 (Obsoletes Previous Editions)

ATTACHMENT 2004983

#LO4000076980

Report of LEGAL CHANGE OF NAME

STATE OF FLORIDA

Docket or File Number FMCE 0503654(44)

County Broward

Date of Court Order 4-5-05

NAME as Decreed by Court Dainneing Arbelaez
First Middle Maiden Last, if female Legal Last

Name of Petitioner Daniela Arbelaez
First Middle Last

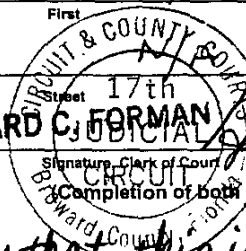
Petitioner's Relationship to Person Whose Name Has Been Changed _____

Mailing Address of Petitioner 303 Racquet club Rd Apt 105 Weston FL 33326
Street City State Zip

Name of Attorney, if applicable N/A
First Middle Last

Attorney's Mailing Address _____

Signed and sealed by HOWARD C. FORMAN Judge 4/5/05
Signature, Clerk of Court Date City State Zip



(Completion of both sides of Report required)

This is to certify that this is a true and correct copy.
Sarah E. Miller - April 20, 2005
notary



Sarah E. Miller
My Commission DD280735
Expires January 12, 2008

Pursuant to section 68.07(4), on filing the final judgment, the clerk shall, if the birth occurred in this state, send a report of the judgment to the Office of Vital Statistics of the Department of Health. The form shall contain sufficient information to identify the original birth certificate of the person, the new name, and the file number of the judgment. MAIL COMPLETED AND CERTIFIED FORMS TO: Department of Health, Office of Vital Statistics, P.O. Box 210, Jacksonville, Florida 32231-0042.

Provide following information to identify the birth certificate of the person whose name has been changed.

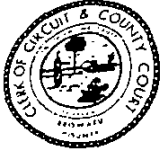
Name at Birth Dainneira Arbelaez
First Middle Last Maiden if female
Subsequent Name Change, if applicable Daniela Arbelaez
First Middle Last, Maiden if female
Date of Birth 07 29 1969 Place of Birth Calif - Colombia
Month, Day, Year City County State
Full Name of Mother, including Maiden Last Rubiela Echeverry
First Middle Maiden Last

INSTRUCTIONS

Please type using black ribbon. Alteration of information by use of correction fluid or other methods will make this form unacceptable for filing by Vital Statistics and the form will be returned.

If person whose name has been changed is female, please list both her legal maiden last name and her legal last name under "Name as Decreed by Court." If name change is to restore a maiden surname, this report will not be attached to the original birth record but will be retained in the files of the Office of Vital Statistics

PHOTOCOPIES OF THIS FORM WILL NOT BE ACCEPTED by Vital Statistics and will be returned. To obtain a supply of this form, submit your request specifying the quantity desired in writing to the Office of Vital Statistics, Attn: Program and Fiscal Management, P.O. Box 210, Jacksonville, FL 32231-0042.



ATTACHMENT 2 004412,
204000676980
HOWARD C. FORMAN
CLERK OF CIRCUIT AND COUNTY COURT
17TH JUDICIAL CIRCUIT

201 SOUTHEAST 6TH STREET
BROWARD COUNTY COURTHOUSE
FORT LAUDERDALE, FLORIDA 33301

NOTICE

PLEASE BE ADVISED THAT EFFECTIVE JULY 1, 1997, THE OFFICE OF VITAL STATISTICS WILL ONLY ACCEPT THE REPORT OF LEGAL CHANGE OF NAME FROM PERSON(S) BORN IN THE STATE OF FLORIDA. THIS CHANGE IS PURSUANT TO AN AMENDMENT MADE TO FLORIDA STATUTE 68.07.

IF YOU NEED TO AMEND YOUR BIRTH CERTIFICATE, PLEASE FORWARD THE ENCLOSED FORM AND A CERTIFIED COPY OF YOUR NAME CHANGE TO THE OFFICE OF VITAL STATISTICS IN YOUR BIRTH STATE/COUNTRY.

IF YOU DO NOT NEED TO AMEND YOUR BIRTH CERTIFICATE, ONLY FORWARD THE ENCLOSED FORM TO THE OFFICE OF VITAL STATISTICS IN YOUR BIRTH STATE/COUNTRY. THANK YOU.