2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# L05000062982

Entity Name: TRIMETRIC, LLC

Current Principal Place of Business:

1131 ADAMS STREET
HOLLYWOOD, FL 33019

New Principal Place of Business:

Current Mailing Address:

1131 ADAMS STREET
HOLLYWOOD, FL 33019

New Mailing Address:

1861 N FEDERAL HIGHWAY
#202
HOLLYWOOD, FL 33020

FEI Number: 87-0749010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SQUIRE, STEVEN F ESQ
625 NORTHEAST THIRD AVENUE
FORT LAUDERDALE, FL 33304 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: MGRM ( ) Delete
Name: KIRCHGESSNER, ROBERT F
Address: 1131 ADAMS STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGRM ( ) Delete
Name: OLIVEIRA, ANA PAULA S
Address: 1131 ADAMS STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: PIKE, STEPHEN M
Address: 1861 N FEDERAL HIGHWAY #202
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ROBERT KIRCHGESSNER MGRM 04/24/2006

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