

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90185 036 \*\*\*\*50.00

**DOCUMENT # L00000001022**

1. Entity Name  
**TRICONY HORIZONS, L.L.C.**



Principal Place of Business  
**313 1/2 WORTH AVE., SUITE B-1  
PALM BEACH, FL 33480**

Mailing Address  
**313 1/2 WORTH AVE., SUITE B-1  
PALM BEACH, FL 33480**



03222007 No Chg.-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0975718**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TORRES, MICHAEL** *Tricony Florida Corp.*  
~~C/O TRICONY MST-LLC~~  
**313 1/2 WORTH AVE., STE B-1  
PALM BEACH, FL 33480**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TRICONY HORIZONS CORP.
STREET ADDRESS	313 1/2 WORTH AVE., SUITE B-1
CITY-ST-ZIP	PALM BEACH, FL 33480
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 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/25/07* (561) 832-7088  
Date Daytime Phone #

075