2005 LIMITED LIABILITY COMPANY

FILED Apr 02, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # L0000006316 1. Entity Name TRI-LYONS, L.L.C. Principal Place of Business Mailing Address 5000 T-REX AVE., STE 150 BOCA RATON, FL 32431 5000 T-REX AVE., STE 150 BOCA RATON, FL 32431 02032005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1033316 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIEGEL, NED L DO NOT WRITE 5000 T-REX AVE., STE 150 BOCA RATON, FL 32431 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 1/00000284554 04/02/05-80009-021 50.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME SIEGEL, NED L 5000 T-REX AVE., STE 150 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 32431 TITLE NAME STRLET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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: SIGNATURE AND TYPED OR PRINTED NAME

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SY-7IP

gning managing member, or authorized representative