2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L00000007033

1. Entity Name
TRIMARCO, L.L.C.

Principal Place of Business	Mailing Address
3650 FOREST HILL BLVD, STE 1 WEST PALM BEACH, FL 33406	3650 FOREST HILL BLVD, STE 1 WEST PALM BEACH, FL 33406

DO NOT WRITE IN THIS SPACE

02122006No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
65-1024692	Not Applicable

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

6. Name and Address of Current Registered Agent

SAMILJAN, STEVEN T
2135 SOUTH CONGRESS AVENUE, SUITE 3-C
WEST PALM BEACH, FL 33406

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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, 2006

U00000440948
03/03/06-80011-023 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	HARRISON, W. BENTON	
STREET ADDRESS	561 S COUNTRY CLUB DR	
CITY-ST-ZIP	ATLANTIS, FL 33462	
TITLE	MGRM	
NAME	HARRISON, MARY A	
STREET ADDRESS	561 S COUNTRY CLUB DR	
CITY-ST-ZIP	ATLANTIS, FL 33462	
TITLE		
NAME		
STREET ADDRESS		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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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: *Mary A Harrison*   2/16/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #