## 2005 LIMITED LIABILITY COMPANY

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## **ANNUAL REPORT**

DOCUMENT # L0000007094

1. Entity Name TRICONY TALLAHASSEE, 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

## **FILED** Apr 01, 2005 08:00 AM Secretary of State



03232005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1021870

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

TORRES, MICHAEL C/O TRICONY MGMT., LLC 313 1/2 WORTH AVE SUITE B-1 PALM BEACH, FL 33480

SIGNATURE:

SIGNATURE AND TYPE

ÉDWARD TORRES

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the obligations of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and this if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRICONY TALLAHASSEE CORP 313 1/2 WORTH AVE SUITE B-1 PALM BEACH, FL 33480		U00000284001 04/01/05-80047-013 50.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE MAME STREET ADDRESS CITY-ST-ZIP			
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.			

INTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5. 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