

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jun 02, 2005  
Secretary of State**

DOCUMENT# L00000014192

Entity Name: TRICON HOLDINGS, LLC

**Current Principal Place of Business:**

1020 NW 163RD DR  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

1020 NW 163RD DR  
MIAMI, FL 33169

**New Mailing Address:**

FEI Number: 65-1055356      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LAW OFFICE OF ROBERT P. KELLY  
2514 HOLLYWOOD BOULEVARD  
SUITE 300  
HOLLYWOOD, FL 33020 US

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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: YESIL, EMEL  
Address: 1020 NW 163 DR.  
City-St-Zip: MIAMI, FL 33169

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: YESIL, EMEL  
Address: 1020 NW 163 DR.  
City-St-Zip: MIAMI, FL 33169

Title: MGR ( ) Change (X) Addition  
Name: DEVRES, RAGIP  
Address: 1020 NW 163RD DRIVE  
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAGIP DEVRES

MGR

06/02/2005

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