


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L01000000318 1. Entity Name TRICONY MAITLAND, L.L.C.	
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Principal Place of Business 313 1/2 WORTH AVENUE, STE. B-1 PALM BEACH, FL 33480	Mailing Address 313 1/2 WORTH AVENUE, STE. B-1 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



03232005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1065118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TRICONY FLORIDA CORP. C/O TRICONY MGMT., LLC 313 1/2 WORTH AVENUE, STE B-1 PALM BEACH, FL 33480	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRICONY MAITLAND CORP. 313-1/2 WORTH AVENUE - SUITE B-1 PALM BEACH, FL 33480
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE: Edward Torres 3-25-05 (561) 832-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
EDWARD TORRES