


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000000318</b> 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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<b>DO NOT WRITE IN THIS SPACE</b>
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03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1065118	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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
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<b>DO NOT WRITE IN THIS SPACE</b>
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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: <u>Rockton</u> 4-5-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>
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**Filing Fee is \$50.00  
Due by May 1, 2007**

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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<p>U00000697970 04/18/07-80063-004 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: <u>Rockton</u> 4-5-07 (561) 832-7088 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>
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