2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Feb 08, 2007 08:00 AM Secretary of State DOCUMENT # L01000013601 1. Entity Namo TRI-ED PROPERTIES, LLC Principal Place of Business Mailing Address 5901 N.E. 7TH AVE. BOCA RATON FL 33487 5901 N.E. 7TH AVE. BOCA RATON FL 33487 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt #, etc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicat Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CASSATLY, EDWARD Street Address (P.O. Box Number is Not Acceptable) 5901 N.E. 7TH AVE. **BOCA RATON FL 33487** City Zip Code 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 accompanies the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES DILLE REFEE **MGRM** ☐ Delete ☐ Change MAMI CASSATLY, EDWARD NAME U00000628711 SHILL LADDINESS SHILL LADDRESS 5901 N.E. SEVENTH AVENUE 02/16/07-80023-024 55.00 CUTY-ST ZIP ONY ST 7P **BOCA RATON FL 33487** 11111 ☐ Dolete ({{{{}}}})} Change MAMI NAM STREET ADDRESS SIBILI ADDEESS CHY-ST ZIP CHTY ST 7IP □ A. HILL ☐ Delete HH Change NAM NAM SIRCE LADORESS SIGH LADDRESS but at til धारि इं सि ☐ Defete Hitt Change [] A. ... NAME NAME SHILL LADDRESS SHAFTLADORESS CHY-ST 7IP CITY ST ZO IIIIF Delete IIIIE Art. ☐ Change NAME NAM STREET ADDRESS STREET ADDRESS CITY SI-ZIP CHY ST ZIP ☐ Defete [1][[☐ Change NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 further certify that the informatic 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUCHORIZED REPRESENTATIVE

SIGNATURE: