

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010395

FILED  
Feb 09, 2006  
Secretary of State

Entity Name: TRIUNE LLC.

**Current Principal Place of Business:**

421 KATHY LN  
POMPANO BEACH, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

421 KATHY LN  
POMPANO BEACH, FL 33068

**New Mailing Address:**

FEI Number: 30-0070828

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRICKEL, JILL H  
C/O BRICKEL & CO., CPA  
6001 BROKEN SOUND PKWY NW 406  
BOCA RATON, FL 33487 US

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

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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TIMMER, GARY L  
Address: 6709 FINAMORE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete  
Name: TIMMER, FONTAINE E  
Address: 6709 FINAMORE CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM ( ) Delete  
Name: MOMPOINT, PHILIPPE  
Address: 3351 NW 47TH TERRACE UNIT 119  
City-St-Zip: LAUDERDALE LAKES, FL 33319

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GARY TIMMER

MGRM

02/09/2006

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