

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010395

FILED
Jun 15, 2009
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:

815 MONTCLAIRE COURT
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 30-0070828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

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

Title: MGRM () Delete
Name: TIMMER, GARY L
Address: 815 MONTCLAIRE COURT
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM () Delete
Name: TIMMER, FONTAINE E
Address: 815 MONTCLAIRE COURT
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES:

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 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

06/15/2009

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