

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000011148

Entity Name: TRICORP USA, L.L.C.

**FILED**  
**Jan 09, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

224 VIA TORTUGA  
PALM BEACH, FL 33480

**New Principal Place of Business:**

P.O. BOX 2779  
PALM BEACH, FL 33480

**Current Mailing Address:**

P.O. BOX 2779  
PALM BEACH, FL 33480

**New Mailing Address:**

FEI Number: 63-8980419

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRUER, DUSKO  
224 VIA TORTUGA  
PALM BEACH, FL 33480 US

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

BRUER, DUSKO  
1750 NORTH FLORIDA MANGO  
SUITE 104  
PALM BEACH, FL 33480 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: DUSKO BRUER

01/09/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRUER, DUSKO  
Address: 224 VIA TORTUGA  
City-St-Zip: PALM BEACH, FL 33480

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BRUER, DUSKO  
Address: P.O. BOX 2779  
City-St-Zip: PALM BEACH, FL 33480

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: DUSKO BRUER

MGRM

01/09/2006

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