

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L02000019460** 05-05-2004 90011 031 ****50.00 TRIRICH HOLDINGS LLC Principal Place of Business Mailing Address 7130 W. TENNESSEE STREET 7130 W. TENNESSEE STREET TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FEI Number 01-0742601 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FOSTER, RICHARD C 7130 W. TENNESSEE STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32304 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 accept the obligations of registered agent. SiGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change Change ■ Addition NAME FOSTER, RICHARD C NAME STREET ADDRESS 9293 MCDOUGAL CT 3219 HORSESHOE TRAIL STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition FOSTER; PATRICIA NAME NAME 3219 HORSESHOE TRAIL STREET ADDRESS 9203 MCDOUGAL CT STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 CITY_ST_ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete III F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

May 05, 2004 8:00 am