

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027615

FILED  
Jan 15, 2004  
Secretary of State

**Entity Name:** TRI-COUNTY VENTURES, LLC

**Current Principal Place of Business:**

935 TRADEWINDS BEND  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

935 TRADEWINDS BEND  
WESTON, FL 33327

**New Mailing Address:**

4539 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146

**FEI Number:** 74-3067216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASO CASERTA, MARIA R  
4539 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: CASERTA, ANTHONY S  
Address: 935 TRADEWINDS BEND  
City-St-Zip: WESTON, FL 33327 US

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: ANTHONY S. CASERTA

MGR

01/15/2004

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