

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000032850
 1. Entity Name
 TRISAN CHELSEA LLC



| | |
|---|---|
| Principal Place of Business 1900 SUNSET HARBOUR DR. #1611 MIAMI BEACH, FL 33139 | Mailing Address 1900 SUNSET HARBOUR DR. #1611 MIAMI BEACH, FL 33139 |
|---|---|

DO NOT WRITE IN THIS SPACE



01122004 No Chg-LLC CR2E0B3 (10/03)

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|---|--------------------------------|
| 4. FEI Number 05-0544120 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

ALVAREZ, HECTOR III ESQ
 3211 PONCE DE LEON BLVD., STE. 210
 CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00 Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KIRSTEIN, ROBERT L 1900 SUNSET HARBOUR DR. #1611 MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR NORDSTROM, S. TODD 1900 SUNSET HARBOUR DR. #1611 MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/15/04-80061-009 50.00

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11. I hereby certify that the information supplied with this filing 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 606, Florida Statutes.

SIGNATURE: Robert L. Kirstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____