2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
03-22-2004 90426 041 ***150.00

04272004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000005762

1. Entity Name
TRIDOCS, L.L.C.

Principal Place of Business	Mailing Address
2100 STATE AVE. PANAMA CITY, FL 32405	2100 STATE AVE. PANAMA CITY, FL 32405

2. Principal Place of Business	3. Mailing Address
	830 Florida Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Lynn Haven Florida
Zip / Country	Zip: 32444 / Country: USA

4. FEI Number: 47-0910247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SWEETSER, CHRISTINE B 2100 STATE AVE. PANAMA CITY, FL 32405	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Matthew G. Sweetser member managing 902 East 8th Street Lynn Haven, FL 32405	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member managing Charles R. Kowaleski 1800 Harrison Ave. Panama City, FL 32405	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Managing Robert J. Sirugren 1900 Harrison Ave. Panama City, FL 32405	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 608, Florida Statutes.

SIGNATURE: [signature] 4/28/04 850-769-6677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #