


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000005762 1. Entity Name TRIDOC, L.L.C.	
---	---

Principal Place of Business 2100 STATE AVE. PANAMA CITY, FL 32405	Mailing Address 830 FLORIDA AVENUE LYNN HAVEN, FL 32444
---	---

DO NOT WRITE IN THIS SPACE



02082005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 47-0910247	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 SWEETSER, CHRISTINE B 2100 STATE AVE. PANAMA CITY, FL 32405
--

**DO NOT WRITE
IN THIS SPACE**

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

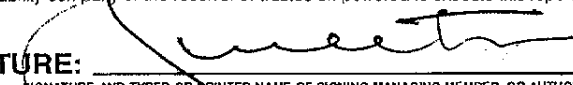
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SWEETSER, MATTHEW G 902 EAST 8TH STREET LYNN HAVEN, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KOVALESKI, CHARLES R 1800 HARRERON AVE. PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIRAGUEU, ROBERT J 1900 HARRISON AVE. PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000247452
03/01/05-80023-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	02/13/05 850-271-2626 Date Daytime Phone #
--	---