

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90033 003 \*\*\*138.75

<b>DOCUMENT # L03000005762</b>					
<b>1. Entity Name</b> TRIDOCs, L.L.C.					
<b>Principal Place of Business</b> 2100 STATE AVE. PANAMA CITY, FL 32405			<b>Mailing Address</b> 830 FLORIDA AVENUE LYNN HAVEN, FL 32444		
<b>2. Principal Place of Business - No P.O. Box #</b> 830 FLORIDA AVE		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
L		Suite, Apt. #, etc.			
<b>City &amp; State</b> LYNN HAVEN		<b>City &amp; State</b>		<b>4. FEI Number</b> 47-0910247	
<b>Zip</b> 32444		<b>Country</b> BAY		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SWEETSER, CHRISTINE B 2100 STATE AVE. PANAMA CITY, FL 32405			<b>7. Name and Address of New Registered Agent</b> Name: Christine B Sweetser Street Address (P.O. Box Number is Not Acceptable): 830 FLORIDA AVE City: LYNN HAVEN FL Zip Code: 32444		
<b>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.</b>					
SIGNATURE: <i>CR Kwaless</i>				DATE: 4-24-2008	
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM SWEETSER, MATTHEW G 902 EAST 8TH STREET LYNN HAVEN, FL 32405	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	mgrm matthew G Sweetser 830 FLORIDA AVE LYNN HAVEN FL 32444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM KOVALESKI, CHARLES R 1800 HARRERON AVE. PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM SIRAGUEU, ROBERT J 1900 HARRISON AVE. PANAMA CITY, FL 32405	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>CR Kwaless</i>				Date: 4-24-2008 850-271-2626	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					