


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90276 003 ****50.00

| | |
|---|---|
| DOCUMENT # L03000013479 |  |
| 1. Entity Name TRI-BRANDS OF SEMORAN, LLC | |

| | |
|--|--|
| Principal Place of Business C/O RICHARD PALADINO 505 S. FLAGLER DR., STE. 1330 WEST PALM BEACH, FL 33401 | Mailing Address C/O RICHARD PALADINO 505 S. FLAGLER DR., STE. 1330 WEST PALM BEACH, FL 33401 |
|--|--|

24023748

| | |
|--|--|
| 2. Principal Place of Business 4500 South SEMORAN BLVD | 3. Mailing Address 13781 SOUTH JOHN YOUNG PKWY |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



03102004 Chg-LLC CR2E083 (10/03)

| | |
|------------------------------------|-----------------------------------|
| City & State Orlando, FL | City & State Orlando FL |
| Zip 32822 | Zip 32837 |
| Country ORANGE | Country ORANGE |

| | |
|------------------------------------|--|
| 4. FEI Number 83-0354382 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent PALADINO, RICHARD 505 S. FLAGLER DR., STE. 1330 WEST PALM BEACH, FL 33401 | |
|---|--|

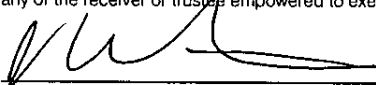
| | |
|---|-----------------------------|
| 7. Name and Address of New Registered Agent | |
| Name Jorge Armenteros | |
| Street Address (P.O. Box Number is Not Acceptable) 13781 S. JOHN YOUNG PKWY | |
| City Orlando | FL Zip Code 32837 |

| | |
|---|------------------------|
| 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  | DATE 3/10/04 |

| | |
|---|--|
| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ARMENTEROS, JORGE L 505 S FLAGLER DR, STE 1330 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ARMENTEROS JORGE L. 14409 YAKIMA TRAIL Orlando FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:  | Date 3/10/04 | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | |