


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90200 043 ****50.00

DOCUMENT # L03000013479

1. Entity Name
TRI-BRANDS OF SEMORAN, LLC



Principal Place of Business
**4500 SOUTH SEMORAN BLVD
 ORLANDO, FL 32822**

Mailing Address
**13781 SOUTH JOHN YOUNG PKWY
 ORLANDO, FL 32822**

2. Principal Place of Business
4580 S. Semoran Blvd

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country



03032005 Chg-LLC CR2E083 (10/03)

4. FEI Number
83-0354382

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**ARMENTOS, JORGE
 13781 S. JOHN YOUNG PKWY
 ORLANDO, FL 32837**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**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 14409 YAKIMA TRAIL ORLANDO, FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 608, Florida Statutes.

SIGNATURE:  **4072405902**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date **3/16/05** Daytime Phone **2711**