


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-17-2004 90276 006 ****50.00

DOCUMENT # L03000018130	
1. Entity Name TRI-BRANDS OF WEST COLONIAL, LLC	

Principal Place of Business C/O RICHARD PALADINO 505 SOUTH FLAGLER DRIVE, STE. 1330 WEST PALM BEACH, FL 33401	Mailing Address C/O RICHARD PALADINO 505 SOUTH FLAGLER DRIVE, STE. 1330 WEST PALM BEACH, FL 33401
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2. Principal Place of Business 6234 W. COLONIAL DR. Suite, Apt. #, etc.	3. Mailing Address 13781 S. JOHN YOUNG PKWY Suite, Apt. #, etc.
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03102004 Chg-LLC CR2E083 (10/03)

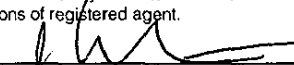
City & State Orlando, FL	City & State Orlando, FL
Zip 32808	Zip 32837
Country ORANGE	Country ORANGE

4. FEI Number 20-0049300	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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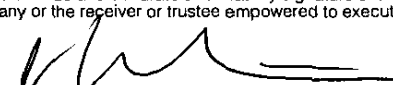
6. Name and Address of Current Registered Agent PALADINO, RICHARD 505 SOUTH FLAGLER DRIVE, STE. 1330 WEST PALM BEACH, FL 33401
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7. Name and Address of New Registered Agent Name: JORGE ARMENTEROS Street Address (P.O. Box Number is Not Acceptable): 13781 S. JOHN YOUNG PKWY City: ORLANDO FL Zip Code: 32837
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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: 3/10/04
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMENTEROS, JORGE L 505 SOUTH 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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE: 3/10/04 Daytime Phone #