


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-17-2004 90276 004 ****50.00

DOCUMENT # L03000018131	
1. Entity Name TRI-BRANDS MANAGEMENT GROUP, 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 13781 S. JOHN YOUNG PKWY Suite, Apt. #, etc.	3. Mailing Address 13781 S. JOHN YOUNG PKWY Suite, Apt. #, etc.
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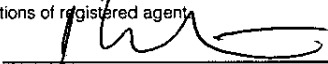
03102004 Chg-LLC CR2E083 (10/03)

City & State Orlando, FL	City & State Orlando, FL	4. FEI Number 20-0049320	Applied For <input type="checkbox"/> Not Applicable
Zip 32837	Country ORANGE	Zip 32837	Country ORANGE

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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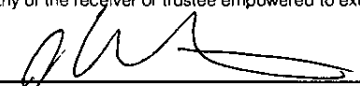
6. Name and Address of Current Registered Agent PALADINO, RICHARD 505 SOUTH FLAGLER DRIVE, STE. 1330 WEST PALM BEACH, FL 33401	
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7. Name and Address of New Registered Agent Name Jorge Armenteros Street Address (P.O. Box Number is Not Acceptable) 13781 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 	DATE 3/10/04

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 DRIVE, 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: 	DATE 3/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	