

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000020654

1. Entity Name  
TRIAX DEVELOPERS LLC



Principal Place of Business  
780 N.E. 69TH STREET, #1705  
MIAMI, FL 33138

Mailing Address  
780 N.E. 69TH STREET, #1705  
MIAMI, FL 33138

|   |  |
|---|--|
| 2. Principal Place of Business<br>1240 Castille Ave.<br>Suite, Apt. #, etc. | 3. Mailing Address<br>1240 Castille Ave<br>Suite, Apt. #, etc. |
| City & State<br>Coral Gables, FL<br>Zip 33134                               | City & State<br>Coral Gables, FL<br>Zip 33134                  |
| Country USA   | Country USA  |

04272004 Chg-LLC CR2E083 (10/03)

24069946



|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>33-1060594   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$5.00 Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

TRESCOTT, ROBERT L  
2121 PONCE DE LEON BLVD., #900  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
2605 Ponce De Leon Blvd.  
City Coral Gables Zip Code FL 33134

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

**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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>Manager<br>Scott A. Rhodenizer<br>1240 Castille Ave.<br>Coral Gables, FL 33134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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

May 07/2004 356095257  
Date Daytime Phone #