



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-17-2004 90276 016 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                   |                                                                         |                                                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L03000027577</b><br>1. Entity Name<br><b>TRI-TRAINING FOR WOMEN, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                  |                                                                   |                                                                         |                                  |  |
| Principal Place of Business<br><b>1929 KIMBRACE PLACE<br/>WINTER PARK, FL 32792</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                   | Mailing Address<br><b>1929 KIMBRACE PLACE<br/>WINTER PARK, FL 32792</b> |                                                                                                                   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                  |                                                                   | 3. Mailing Address<br>Suite, Apt. #, etc.                               |                                                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                                   | City & State                                                            |                                                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | Country                                                           |                                                                         | Zip                                                                                                               |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                  | Country                                                           |                                                                         | 4. FEI Number<br><b>20-0730655</b>                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                  |                                                                   |                                                                         | <b>\$5.00</b> Additional Fee Required                                                                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BRENNAN, SANCHAK<br/>C/O DAVID C. BRENNAN, P.A.<br/>201 E. PINE STREET STE. 425<br/>ORLANDO, FL 32801</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                  |                                                                   |                                                                         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                                 |                                                                                  |                                                                   |                                                                         | DATE                                                                                                              |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>                                                                                                                                                                                                                                                                                                                               |                                                                                  |                                                                   |                                                                         |                                                                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                  | <b>Make check payable to<br/>Florida Department of State</b>      |                                                                         |                                                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                  |                                                                   | 10. ADDITIONS/CHANGES                                                   |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>MGRM<br/>ARENAS, VIVIAN<br/>1929 KIMBRACE PLACE<br/>WINTER PARK, FL 32792</b> | <input type="checkbox"/> Delete                                   |                                                                         |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                         |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                         |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                         |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                                                                         |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                  | <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. |                                                                                  |                                                                   |                                                                         |                                                                                                                   |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                   |                                                                         | Date <b>3/14/04</b>                                                                                               |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                  |                                                                   |                                                                         | (321)<br>287-7641<br><small>Daytime Phone #</small>                                                               |  |