

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032831

FILED
Jan 09, 2006
Secretary of State

Entity Name: TRIMERGE CONSULTING GROUP LLC

Current Principal Place of Business:

4933 SW 171 TERRACE
MIRAMAR, FL 33027

New Principal Place of Business:

1265 NE 155TH ST
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

P.O. BOX 278315
MIRAMAR, FL 33027

New Mailing Address:

PO BOX 278315
MIRAMAR, FL 33027

FEI Number: 20-0192243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAZARRE, GERALDINE
1265 NE 155 STREET
MIAMI, FL 33162 US

Name and Address of New Registered Agent:

THE LAZARRE GROUP, LLC
1265 NE 155 STREET
MIAMI, FL 33162 US

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.

SIGNATURE: GERALDINE LAZARRE

01/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAZARRE, GERALDINE
Address: 1265 NE 155 STREET
City-St-Zip: MIAMI, FL 33162

Title: MGRM (X) Delete
Name: MAHONEY-BROWN, KRISTINA
Address: 4933 SW 171 TERRACE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAZARRE, GERALDINE L
Address: 1265 NE 155 STREET
City-St-Zip: MIAMI, FL 33162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERALDINE L LAZARRE

MGRM

01/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date