2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90064 006 ****50.00

DOCUMENT # L03000034500

1. Entity Name
TRIMARK PARTNERS, LLC

Principal Place of Business	Mailing Address
336 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442	336 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442

03282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2500 N. Military TR.		2500 N. Military TR.	
Suite, Apt. #, etc.: #260		Suite, Apt. #, etc.: #260	
City & State: Boca Raton, FL		City & State: Boca Raton, FL	
Zip: 33431	Country: US	Zip: 33431	Country: US

4. FEI Number: 36-4544322 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDSTEIN, ARNOLD S
336 S. MILITARY TRAIL
DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 2500 N. Military TR.
#260

City: Boca Raton FL Zip Code: 33431

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] 4/18/05
(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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	GOLDSTEIN, ARNOLD S		NAME	
STREET ADDRESS	336 S. MILITARY TRAIL		STREET ADDRESS	2500 N. Military TR. #260
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	MGR	☐ Delete	TITLE	☑ Change ☐ Addition
NAME	CHESLER, BARRY S		NAME	
STREET ADDRESS	336 S. MILITARY TRAIL		STREET ADDRESS	2500 N. Military TR. #260
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Boca Raton, FL 33431
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: Barry Chesler MGR. 4/18/05 561-953-1777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

BARRY S. CHESLER