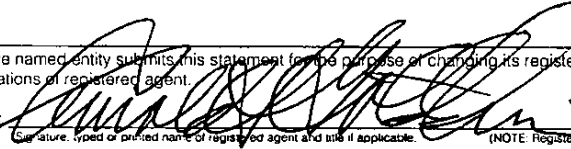
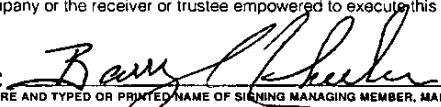


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 336 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442		Mailing Address 336 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442	
2. Principal Place of Business 2500 N. MILITARY TR. #260 Suite, Apt. #, etc. #260 City & State BOCA RATON, FL Zip 33431 Country US		3. Mailing Address 2500 N. MILITARY TR. #260 Suite, Apt. #, etc. #260 City & State BOCA RATON, FL Zip 33431 Country US	
4. FEI Number 36-4544322		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		03282005 Chg-LLC CR2E083 (10/03)	
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:  DATE: 4/18/05 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))			
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSTEIN, ARNOLD S 336 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2500 N. MILITARY TR. #260 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHESLER, BARRY S 336 S. MILITARY TRAIL DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2500 N. MILITARY TR. #260 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  MGR. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE BARRY S. CHESLER		4/18/05 561-953-1777 Date Daytime Phone #	