

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000035737

1. Entity Name
TRI FAMILY HOLDINGS, LLC



Principal Place of Business
**2281 N.W. 125TH TERRACE
PEMBROKE PINES, FL 33028**

Mailing Address
**2281 N.W. 125TH TERRACE
PEMBROKE PINES, FL 33028**



02012006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0717785

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ZAMORA, ROSARIO
2281 N.W. 125TH TERRACE
PEMBROKE PINES, FL 33028**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

UN00000436068
02/27/06-80022-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ZAMORA, ROSARIO
2281 N.W. 125TH TERRACE
PEMBROKE PINES, FL 33028**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MARCOS, GLENN
9021 N.W. 171ST STREET
MIAMI, FL 33018**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MONTES, JOSE
7823 N.W. 168TH TERRACE
MIAMI LAKES, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/14/06 954-296-1837