

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039409

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: TRI COUNTY DEVELOPMENTS, LLC

**Current Principal Place of Business:**

922 SE 14TH PLACE  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

922 SE 14TH PLACE  
CAPE CORAL, FL 33990

**New Mailing Address:**

FEI Number: 20-0304837

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WANDERON, THOMAS  
809 WALKERBILT RD ST. 5  
NAPLES, FL 34110 US

**Name and Address of New Registered Agent:**

SEIDL, MICHELLE  
922 SE 14TH  
CAPE CORAL, FL 33990 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: MICHELLE SEIDL

01/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SEIDL, MILO  
Address: 1790 WHITECAP CIRCLE  
City-St-Zip: NORTH FT. MYERS, FL 33903

Title: MGRM ( ) Delete  
Name: SEIDL, MICHELLE  
Address: 1790 WHITECAP CIRCLE  
City-St-Zip: NORTH FT. MYERS, FL 33903

**ADDITIONS/CHANGES:**

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

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: MICHELLE SEIDL

MGRM

01/09/2007

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