


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90080 048 ***150.00

DOCUMENT # L03000055129 1. Entity Name TRI CORNER, LLC			
Principal Place of Business 490 CHANNELSIDE DRIVE TAMPA, FL 33602		Mailing Address 490 CHANNELSIDE DRIVE TAMPA, FL 33602	
2. Principal Place of Business 807 E. Eunice Ave. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 152516 Suite, Apt. #, etc.	
City & State TAMPA, FL Zip 33606 Country USA		City & State TAMPA FL Zip 33684 Country USA	
4. FEI Number 20-0778972		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOLCOMB, VICTOR WESQ. 106 SOUTH TAMPANIA AVE., SUITE 200 TAMPA, FL 33609		7. Name and Address of New Registered Agent Name W. Gregory Tear Street Address (P.O. Box Number is Not Acceptable) 8930 N. Newport Ave. City Tampa, FL Zip Code 33604	
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 <u><i>W. Gregory Tear</i></u> W. Gregory Tear, Treas. 4/6/04 <small>Signature, typed or printed name of registered agent and tax ID address. (NY 12) Registered Agent signature required when changing.</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		President Kevin J. Burns 4508 Brookwood Dr. Tampa, FL 33629	
		Treasurer W. Gregory Tear 8930 N. Newport Ave. Tampa, FL 33604	
		Secretary Thomas P. Scarritt 824 S. Orleans Ave. Tampa, FL 336	
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: <u><i>W. Gregory Tear</i></u> , Treas. W. Gregory Tear 4/6/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			