

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000006608

1. Entity Name
TRICO DEVELOPMENT, LLC



Principal Place of Business
**4323 DAVIDA DRIVE
MELBOURNE, FL 32934**

Mailing Address
**4323 DAVIDA DRIVE
MELBOURNE, FL 32934**

DO NOT WRITE IN THIS SPACE



04092006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0646877

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOUDREAUX, CHARLES E
4323 DAVIDA DRIVE
MELBOURNE, FL 32934**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BLOCKWORKS, INC.
STREET ADDRESS	3915 RAMBLEWOOD COURT
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	MGR
NAME	BOUDREAUX, CHARLES E
STREET ADDRESS	4323 DAVIDA DRIVE
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	MGR
NAME	DEBICKES, JOHN W
STREET ADDRESS	3900 KATIE LANE
CITY-ST-ZIP	MELBOURNE, FL 32934
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000505213
04/26/06-80107-016 50.00

**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: *Charles Boudreaux*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #