


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90045 002 ****50.00

DOCUMENT # L04000009152	
1. Entity Name TRYON INVESTORS, LLC	

Principal Place of Business 1858 RINGLING BLVD. SARASOTA, FL 34236	Mailing Address PO BOX 49348 SARASOTA, FL 34230-6348
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2. Principal Place of Business 1990 Main Street	3. Mailing Address
Suite, Apt. #, etc. Suite 801	Suite, Apt. #, etc.
City & State Sarasota, FL	City & State
Zip 34236	Country USA



07132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-9719179	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 LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BLVD., #1 SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOBLE, RICHARD E PO BOX 49348 SARASOTA, FL 342306348 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Richard E. Goble **7-7-06** **941 365-4617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #