



Mar 20 2006 10:14PM HP LASERJET FAX

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90202 008 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

3/6/21

<b>DOCUMENT # L04000009521</b>			
1. Entity Name <b>T.R. GROUP ENTERPRISES, LLC</b>			
Principal Place of Business <b>13715 77TH PLACE NORTH WEST PALM BEACH, FL 33412</b>		Mailing Address <b>13715 77TH PLACE NORTH WEST PALM BEACH, FL 33412</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Filing Fee <b>APPLIED FOR</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>DONELON, THOMAS 515 N. FLAGLER DR. STE 300-P WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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: <b>2/28/06</b> Date: <b>2/28/06</b> (Print or typed name of registered agent or filer) (Print or typed name of filer) (Date)			
Filing Fee is \$60.00 Due by May 1, 2006		Make check payable to Florida Department of State	
A. MANAGING MEMBERS/MANAGERS		B. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RESTREPO, HERNAN ANTONIO 13715 77TH PLACE NORTH WEST PALM BEACH, FL 33412</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 808, Florida Statutes.			
SIGNATURE: 		<b>2/28/06 561-685-0387</b>	



ATTACHMENT

30003471

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2006

T.R. GROUP ENTERPRISES, LLC  
13715 77TH PLACE NORTH  
WEST PALM BEACH, FL 33412

Subject: T.R. GROUP ENTERPRISES, LLC

Reference Number: L04000009521

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ  
ANNUAL REPORTS SECTION

P.O. BOX 6478 - Tallahassee, Florida 32314