


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000016936 1. Entity Name TRI-FIN MANAGEMENT, LLC	
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Principal Place of Business 1802 SOUTH FISKE BLVD., SUITE 101 ROCKLEDGE, FL 32955	Mailing Address 1802 SOUTH FISKE BLVD., SUITE 101 ROCKLEDGE, FL 32955
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01232008 No Chg-LLC CR2E083 (11/05)

4. FEI Number 37-1505712	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent JONES, HARRY A 4420 SOUTH WASHINGTON AVENUE TITUSVILLE, FL 32780

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>
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000000432375
02/23/06-80055-009 \$0.00

Filing Fee is \$50.00 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAFFIOT, MARK 1802 SOUTH FISKE BLVD., SUITE 101 ROCKLEDGE, FL 32955	
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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: <u>Mark Chaffiot</u> MANAGER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
Date: <u>2-8-06</u> Daytime Phone #: <u>321-632-3444</u>