


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # L04000016936		
1. Entity Name TRI-FIN MANAGEMENT, LLC		
Principal Place of Business 1802 SOUTH FISKE BLVD., SUITE 101 ROCKLEDGE, FL 32955	Mailing Address 1802 SOUTH FISKE BLVD., SUITE 101 ROCKLEDGE, FL 32955	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JONES, HARRY A 4420 SOUTH WASHINGTON AVENUE TITUSVILLE, FL 32780		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
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> <u>MARK CHAFFIOT</u> <u>1-25-07</u> <u>321-272-2444</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01182007 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

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02/07/07-80005-018 50.00