2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# L04000026440

Entity Name: TRI-R VENTURES LLC

Current Principal Place of Business:

2902 WAREHOUSE ROAD
FORT MYERS, FL 33916

New Principal Place of Business:

Current Mailing Address:

2902 WAREHOUSE ROAD
FORT MYERS, FL 33916

New Mailing Address:

FEI Number: 20-0923989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUCK, PHILIP D
2902 WAREHOUSE ROAD
FORT MYERS, FL 33916 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	RUCK, PHILIP D	
Address:	14321 RIVER ROAD	
City-St-Zip:	FORT MYERS, FL 33905 US	
Title:	MGR	( ) Delete
Name:	RUCK, JAMES C	
Address:	7860 SADDLE CREEK TRAIL	
City-St-Zip:	SARASOTA, FL 34241 US	
Title:	MGR	( ) Delete
Name:	REILLY, THOMAS J	
Address:	11391 MACGREGOR BLVD	
City-St-Zip:	FORT MYERS, FL 33901 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PHILIP RUCK MGR 03/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date