

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026440

Entity Name: TRI-R VENTURES LLC

FILED  
Apr 07, 2009  
Secretary of State

**Current Principal Place of Business:**

14321 RIVER ROAD  
FORT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

14321 RIVER ROAD  
FORT MYERS, FL 33905

**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  
14321 RIVER ROAD  
FORT MYERS, FL 33905 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 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: RANDY BYERS

ACCT

04/07/2009

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