

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000034593

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** TREBOR PHILADELPHIA, LLC

**Current Principal Place of Business:**

NORTHBRIDGE CENTRE  
515 NORTH FLAGLER DRIVE, SUITE 808  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

NORTHBRIDGE CENTRE  
515 NORTH FLAGLER DRIVE, SUITE 808  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LEWIS, HAROLD L  
ONE BISCAYNE TOWER, SUITE 2400  
2 SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131 US

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: MGRM  
Name: CUILLO, ROBERT S  
Address: 515 N FLAGLER DR, STE 808  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T  
Name: HOTARY, MICHAEL  
Address: 515 N FLAGLER DR, STE 808  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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: ROBERT S CUILLO

MGRM

05/03/2010

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