

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000043592

1. Entity Name
TRICONY TRADE CENTRE SOUTH MANAGER, L.L.C.



Principal Place of Business
**313 1/2 WORTH AVENUE, STE. B-1
PALM BEACH, FL 33480**

Mailing Address
**313 1/2 WORTH AVENUE, STE. B-1
PALM BEACH, FL 33480**



02092006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3745961

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**TRICONY FLORIDA CORP.
313 1/2 WORTH AVENUE, STE. B-1
PALM BEACH, FL 33480**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	TORRES, RICK
STREET ADDRESS	313 1/2 WORTH AVENUE, STE. B-1
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	V
NAME	TORRES, MICHAEL
STREET ADDRESS	313 1/2 WORTH AVENUE, STE. B-1
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VT
NAME	TORRES, EDWARD
STREET ADDRESS	313 1/2 WORTH AVENUE, STE. B-1
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	S
NAME	KAUDER, MARYLU
STREET ADDRESS	313 1/2 WORTH AVENUE, STE. B-1
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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:

Edward Torres

3-27-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #