

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90248 034 ****50.00

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

DO NOT WRITE IN THIS SPACE



03222007 No Chg-LLC

CR2E083 (11/05)

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

Rick Torres

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-07

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<i>President</i>
NAME	TORRES, RICK	
STREET ADDRESS	313 1/2 WORTH AVENUE, STE. B-1	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	V	<i>Executive Vice President</i>
NAME	TORRES, MICHAEL	
STREET ADDRESS	313 1/2 WORTH AVENUE, STE. B-1	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	VT	TORRES, EDWARD
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		

**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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Rick Torres

Date

Daytime Phone #

4-5-07 (561) 832-7088