

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 28, 2008 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



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3745961

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000873099
04/10/08-80055-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TORRES, RICK
313 1/2 WORTH AVENUE, STE. B-1
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
EVP
TORRES, MICHAEL
313 1/2 WORTH AVENUE, STE. B-1
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
KAUDER, MARYLU
313 1/2 WORTH AVENUE, STE. B-1
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE: *R. Torres*

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

3-21-08

Date

(561) 832-7088

Daytime Phone #