

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90092 046 ****50.00

DOCUMENT # L04000053544	
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1. Entity Name
TRIEMIS CAPITAL ASSOCIATES, LLC

Principal Place of Business

**3260 VIRGINIA STREET
MIAMI, FL 33133-5281**

Mailing Address

**3260 VIRGINIA STREET
MIAMI, FL 33133-5281**



2. Principal Place of Business

1395 BRICKELL AVENUE

Suite, Apt. #, etc.
SUITE 800

City & State

MIAMI FL

Zip
33131

Country
USA

3. Mailing Address

1395 BRICKELL AVENUE

Suite, Apt. #, etc.
SUITE 800

City & State

MIAMI FL

Zip
33131

Country
USA

04202005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1471195

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**GAMAS, EDMUNDO
3260 VIRGINIA STREET
MIAMI, FL 33133-5281**

7. Name and Address of New Registered Agent

Name

EDMUNDO GAMAS

Street Address (P.O. Box Number is Not Acceptable)

1395 BRICKELL AVENUE

SUITE 800

City
MIAMI

FL

Zip Code
33131

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 *X*

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

(NOTE: Registered Agent signature required when reappointing)

X 04/25/2005
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

MANAGER
EDMUNDO JOSE GAMAS
1395 BRICKELL AVENUE, SUITE 800
MIAMI, FL 33131

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *X*

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

Date

Daytime Phone #

X 04/25/2005