

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053544

FILED
Apr 18, 2007
Secretary of State

Entity Name: TRIREMIS CAPITAL ASSOCIATES, LLC

Current Principal Place of Business:

1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131

New Principal Place of Business:

1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131 US

Current Mailing Address:

1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131

New Mailing Address:

1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131 US

FEI Number: 20-1471195

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAMAS, EDMUNDO J DR.
1395 BRICKELL AVENUE
SUITE 800
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: GAMAS, EDMUNDO J DR.
Address: 1395 BRICKELL AVENUE, SUITE 800
City-St-Zip: MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GAMAS, EDMUNDO J DR.
Address: 1395 BRICKELL AVENUE, SUITE 800
City-St-Zip: MIAMI, FL 33131 US

Title: MGR () Change (X) Addition
Name: GAMAS TORRUCO, JOSE M MR.
Address: 1395 BRICKELL AVENUE, SUITE 800
City-St-Zip: MIAMI, FL 33131 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: EDMUNDO J GAMAS

MGR

04/18/2007

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