

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90094 041 ***138.75

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01192008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000064733 1. Entity Name TRIFECTA LLC					
Principal Place of Business 515 N. FLAGLER DRIVE 19TH FL WEST PALM BEACH, FL 33401			Mailing Address 515 N. FLAGLER DRIVE 19TH FL WEST PALM BEACH, FL 33401		
2. Principal Place of Business - No P.O. Box # 631 US Highway ONE Suite, Apt. #, etc. Suite 305		3. Mailing Address 631 US Highway ONE Suite, Apt. #, etc. Suite 305			
City & State North Palm Beach, FL		City & State North Palm Beach, FL			
Zip 33408		Country USA		Zip 33408	
Country USA		4. FEI Number 20-1799125			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BOOSE, WILLIAM R III 515 N. FLAGLER DRIVE 19TH FL WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name RANKIN, COTTIE E. Street Address (P.O. Box Number is Not Acceptable) 631 US Highway ONE Suite 305 City North Palm Beach FL Zip Code 33408		
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 1/18/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOOSE, III, WILLIAM R 515 N. FLAGLER DRIVE WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-MGR Boose, William R. III 631 US Highway ONE, Ste. 305 North Palm Beach, FL 33408	
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 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	
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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	
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: WILLIAM R. BOOSE III			1/18/08 561-310-7809 <small>Date Daytime Phone #</small>		