2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 13, 2005 8:00 am Secretary of State

DOCUMENT # L0400076563 1. Entity Name TRISCHEN LLC						04-13-2005 90218 016 ****55.00				
Principal Place of Business 1000 BRICKELL AVE. STE. 680 MIAMI, FL 33131 FL			Mailing Address 1000 BRICKELL AVE. STE. 680 MIAMI, FL 33131			20031945				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112005	Chg-LLC	CR2E	083 (10/03)			
City & State		City & State		4. FEI Numbe	20-17814	147	No	pplied For ot Applicable		
Zip ~		Country	Zip	Caun	try	<u> </u>	of Status Desired	_ 12	\$5.00 Add	ditional
	6. Name	and Address of Current	Hegistered Agent		Name	7. Name and	Address of New R	egistered	Agent	
ALEJANDRO, ELIASCHEV 5830 SW 85 ST. MIAMI, FL 33143					Street Address (P.O. Box Number is Not Acceptable)					
			•		City			FL	Zip Cod	le
8. The above the obligat	named entity ions of registe	submits this statement fo ered agent.	r the purpose of changing its	registere	ed office or registe	ered agent, or both	n, in the State of Flo	rida. I am	familiar with,	and accept
SIGNATURE.	Signature, typed o	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature require	ed when reinstating)		DATE	 ·	
Filing Fee is \$50.00 Due by May 1, 2005		****								***
Fi	ilina Fee i:	s \$50.00			Tarur I			e check į	payable to nent of Stat	e .
Fi	ilina Fee i:	s \$50.00		10.				e check (Departn	nent of Stat	e
Fi Di	iling Fee is ue by May	S \$50.00 7 1, 2005 MANAGING MEMBE RO, ELIASCHEV		TITLE	I		Florida	e check (Departn	nent of Stat	Addition
9. IIILE NAME	iling Fee is ue by May MGR ALEJAND	MANAGING MEMBE RO, ELIASCHEV 35 ST.	RS/MANAGERS	TITLE NAM STRE	E		Florida	e check (Departn	nent of Stat	
9. IIILE NAME STREET ADDRESS	MGR ALEJANDI 5830 SW 8 MIAMI, FL MGR LEOPOLD	MANAGING MEMBE RO, ELIASCHEV 35 ST. 33143 O, BAPTISTA KELL KEY DRIVE, APT	RS/MANAGERS Delete	TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS - ST - ZIP		Florida	e check (Departn	nent of Stat	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS	MGR ALEJANDI 5830 SW 8 MIAMI, FL MGR LEOPOLD 848 BRICK	MANAGING MEMBE RO, ELIASCHEV 35 ST. 33143 O, BAPTISTA KELL KEY DRIVE, APT	RS/MANAGERS Delete	TITLE NAM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE	E ET ADDRESS -S1-ZIP E E E E ET ADDRESS -S1-ZIP E -S1-ZIP		Florida	e check (Departn	nent of Stat	☐ Addition
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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: ALEJANONO ELIAS CHOV
SIGNATURE AND TYPED OF PRINTEDNAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE