2006 LIMITED LIABILITY COMPANY FILED **ANNUAL REPORT** May 01, 2006 08:00 Al Secretary of State DOCUMENT # L04000078116 TRISTAR ENTERPRISES LLC Principal Place of Business Mailing Address PO BOX 660267 **553 YELLOWTAIL PLACE** SUITE B SUITE B CHULUOTA, FL 32766-6009 US CHULUOTA, FL 32766-0267 US 04262006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1874049 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE RIVAS, LOURDES M 553 YELLOWTAIL PLACE CHULUOTA, FL 32766-6009 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)

Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS

9. TITLE RIVAS, LOURDES M NAME STREET ADDRESS 553 YELLOWTAIL PLACE CITY-ST-ZIP CHULUOTA, FL 327666009 TITLE NAME STREET ADDRESS COV-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

CITY-ST-ZIP

U000000551464 05/13/06-80102-006 50.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE