


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90063 028 \*\*\*\*50.00

**DOCUMENT # L04000078148**

1. Entity Name  
**TRYALL INVESTMENTS ONE LLC**



Principal Place of Business      Mailing Address  
**P.O. BOX 616338**      **P.O. BOX 616338**  
**ORLANDO, F 32861**      **ORLANDO, F 32861**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01092006    Chg-LLC    CR2E083 (11/05)

4. FEI Number      Applied For  
**20-1801406**       Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SUKHRAM, EUDEL S**  
**7012 HIWASSEE OAK DRIVE** →  
**ORLANDO, FL 32818** →

**7. Name and Address of New Registered Agent**

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)  
**1321 SELBYDON WAY**

City **WINTERGARDEN**    **FL**    Zip Code **34787**

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]*      DATE

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**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	SUKHRAM, EUDEL S	7012 HIWASSEE OAK DR	ORLANDO, FL 32818	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1321 SELBYDON WAY	WINTERGARDEN FL 34787	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MGRM	GRENNETT SERVICE	1321 SELBYDON WAY	WINTERGARDEN FL 34787	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*    **EUDEL S. SUKHRAM**    **4/13/06**    **407-654-9568**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #