



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
May 02, 2008 08:00 AM
Secretary of State**

DOCUMENT # L04000078148 1. Entity Name TRYALL INVESTMENTS ONE LLC	
--	---

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

DO NOT WRITE IN THIS SPACE



04252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-1801406	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SERVICE, EUDEL S
1321 SELBYDON WAY
WINTERGARDEN, FL 34987

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000944758
05/29/08-80111-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERVICE, EUDEL S 1321 SELBYDON WAY WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERVICE, GRENNETT 1321 SELBYDON WAY WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Service* 4/29/2008 (407) 654-9568

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