

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED
AND
FILED
06 MAY 15 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RSC

DOCUMENT # L05000005119

1. Entity Name
TRISCAPE TAMIAMI LLC



Principal Place of Business
801 BRICKELL AVENUE, STE. 2380
MIAMI, FL 33131

Mailing Address
801 BRICKELL AVENUE, STE. 2380
MIAMI, FL 33131

2. Principal Place of Business
445 GERONA AVE
Suite, Apt. #, etc.

3. Mailing Address
445 GERONA AVE
Suite, Apt. #, etc.

City & State
CORAL GABLES FL

City & State
CORAL GABLES FL

Zip
33146

Country

Zip
33146

Country



04282006 Chg-LLC CR2E083 (11/05)

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TTK SERVICE LLC
801 BRICKELL AVENUE, STE. 2380
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name RAFAEL J. SANCHEZ-ABALLI PA
Street Address (P.O. Box Number is Not Acceptable)
445 GERONA AVE
City CORAL GABLES FL 33146

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]* PRINTED 4.26.06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERMUDEZ, JUAN J 801 BRICKELL AVENUE, STE. 2380 MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANCHEZ-ABALLI, RAFAEL 801 BRICKELL AVENUE, STE. 2380 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 445 GERONA AVE CORAL GABLES FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALVAREZ, PABLO A 801 BRICKELL AVENUE, STE. 2380 MIAMI, FL 33131 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700075471547 05/30/06--01004--025 **2225.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: *[Signature]* 4.26.06 305-779-5041
Signature AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #