

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006301

FILED
Jan 30, 2006
Secretary of State

Entity Name: TRI-COUNTY ROAD VENTURES, LLC

Current Principal Place of Business:

3956 TOWN CENTER BLVD
#146
ORLANDO, FL 32837

New Principal Place of Business:

2460 SAND LAKE ROAD
ORLANDO, FL 32809

Current Mailing Address:

3956 TOWN CENTER BLVD
#146
ORLANDO, FL 32837

New Mailing Address:

2460 SAND LAKE ROAD
ORLANDO, FL 32809

FEI Number: 11-3764127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALDRIDGE, JAMES
3956 TOWN CENTER BLVD
#146
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

BALDRIDGE, JAMES
2460 SAND LAKE ROAD
ORLANDO, FL 32809 US

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.

SIGNATURE:

01/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAWTHORNE, CHARLES E JR.
Address: 3956 TOWN CENTER BLVD, #146
City-St-Zip: ORLANDO, FL 32837

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MADDOCK, ROGER
Address: 2460 SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32809

Title: MGR () Change (X) Addition
Name: PARKER, STEVE
Address: 2460 SAND LAKE ROAD
City-St-Zip: ORLANDO, FL 32809

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE PARKER

MGR

01/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date