

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024602

FILED
May 11, 2009
Secretary of State

Entity Name: TRI-PAR PROPERTY & DEVELOPMENT, LLC

Current Principal Place of Business:

3608 S. OMAR AVENUE
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

3608 S. OMAR AVENUE
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 20-2474556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DAVIS, KURT E
3608 SOUTH OMAR AVENUE
TAMPA, FL 33629 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DAVIS, KURT
Address: 3608 SOUTH OMAR AVENUE
City-St-Zip: TAMPA, FL 33629 US

Title: MGRM () Delete
Name: SINGLETON, P G
Address: 10025 FOUNTAIN COURT
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: MGRM () Delete
Name: WILSON, BENJAMIN A
Address: 1207 CHESAPEAKE
City-St-Zip: ODESSA, FL 33556 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KURT E. DAVIS

MGRM

05/11/2009

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