2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # L05000036483

1. Entity Name
TRONCOMOBIL HOLDINGS, LLC

Principal Place of Business	Mailing Address
8900 S.W. 117 AVE., SUITE 202 MIAMI, FL 33186	8900 S.W. 117 AVE., SUITE 202 MIAMI, FL 33186

DO NOT WRITE IN THIS SPACE

03202007No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2712769
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROZENCWAIG, NADEL & FERRERO-CARR, LLP
301 W. HALLANDALE BEACH BLVD.
HALLANDALE BEACH, FL 33009

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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, 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, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LAMPUY, FRANK
STREET ADDRESS	301 W. HALLANDALE BEACH BLVD.
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	MGR
NAME	MARTINEZ, JUVENAL E
STREET ADDRESS	8900 S.W. 117 AVE., SUITE 202
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGR
NAME	OGDEN, GREG
STREET ADDRESS	8900 S.W. 117 AVE., SUITE 202
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	MGR
NAME	MARTINEZ, HILARION A
STREET ADDRESS	8900 S.W. 117 AVE., SUITE 202
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/04/07-80079-019 50.00

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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: _____ 3/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #