2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 09, 2006 8:00 am Secretary of State

1/2

1. Entity Nam	ne	#L05000041 TRIOS, LLC	896				01 21 20	00 JUO 1 04J	******50.00
Principal Place of Business Mailing Address 12024 ELBERT STREET 12024 ELBERT STREET CLERMONT, FL 34711 CLERMONT, FL 34711						109000000	3000 Berler Brit Gern Gern		TESS I NY 1518T
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suita, Apt. #, etc.			01062006	Chg-LLC	CR2E083 (11/05)	ı
City & State			City & State		4. FEI Numbe	SINGLE	MEMUERA	optied For of Applicable	
Zip	Country		Zip Country		ntry		of Status Desired	S5.00 Ad	ditional
6. Name and Address of Current Registered Agent					Name	7. Name and	Address of New R	agistered Agent	
DEMETRIOS, ELEANOR 12024 ELBERT STREET CLERMONT, FL 34711					Street Address (P.O. Box Number is Not Acceptable)				
20.3					City			FL Zip Coo	le
8.: The above	named entit	y submits this statement for	Ke purpose of changing its	register	ed office or register	ed agent, or both	n, in the State of Flo		and accept
The obligations of registerory arginit. SIGNATURE Signature Segments, hoped or presed rearried a segment of title of applicable. (NOTE: Registered Agent segment required when remotatory) DATE									
SIGNATURE	Signature, typed	or printed recris of registered again a	nd lette if applicable. (NETTE	: Pegatere	d Agent signature required	when rematating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2008								check payable to Department of Stat	•
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS/	CHANGES	
TITLE HAME STREET ADDRESS CITY-ST-ZIP	112024 ELBEDT STULEKMONT				E EEI ADOPESS -ST-ZIP			☐ Change	Addition
TITLE	 		<u>' </u>	TITLE	····			Change	Addition
NAME STREET ADDRESS CITY-S1-ZIP				NAM	€				
TITLE	1				ET ADDRESS				
NAME			☐ Delete	CITY	-ST-ZIP			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			∵ □ Delete	TITLE HAME STREET	-ST-ZIP		······································	☐ Change	Addition
CITY-ST-ZIP			☐ Defete	CITY- TITLE HAMI STREI CITY-	-ST-ZIP E E EFF ADDRESS -ST-ZIP				Addition Addition
CITY-ST-ZIP				CITY- TITLE HAMI STREI CITY	-ST-ZIP E E EFF ADDRESS -ST-ZIP				
CITY-ST-ZIP TITLE NAME STREET ADDRESS				CITY- TITLE HAMI STREI CITY	ST-DP E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP				
CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP THILE			Deleta	CITY- TRUE HAMM STREE CITY	-SI-DP E E EI ADDRESS -SI-ZIP EI ADDRESS -SI-ZIP EI ADDRESS				Addition (
CITY-ST-ZIP THEE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			Deleta	CITY- TRUE HAMM STREE CITY	ST-DP E E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP				Addition (
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete ——————————————————————————————————	CITY- TITLE HAMM STREE CITY- LITLE NAME STREE CITY- TITLE HAMM STREE CITY- STREE HAMM STREE CITY- STREE STREE FAMM STREE STREE	-ST-DP E E ET ADDRESS -ST-ZPP E E ET ADDRESS -ST-ZPP E ET ADDRESS -ST-ZPP E ET ADDRESS -ST-ZPP			Change	Addition
CITY-ST-ZIP THEE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE THAN STREET ADDRESS CITY-ST-ZIP TITLE 11. I Devisiby (1)	certify that the	e information supplied with I	Delate Delate Delate Delate	CITY- TITLE HAMM STREE CITY	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	n Chapter 119, F edo under osth; or SOA Elevide S	lorida Statutes. I fur that I am a managi	Change Change	Addition Addition Addition
CITY-ST-ZIP THEE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE THAN STREET ADDRESS CITY-ST-ZIP TITLE 11. I Devisiby (1)	certify that the on this report of this report of the company of t	e information supplied with it is true and acquisite and try or the receiver or rustee	Deleta Deleta	CITY- TITLE HAMM STREE CITY	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	iade under oath; er 608, Florida St	that I am a managi atutes.	Change Change	Addition



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2006

ELEANOR DEMETRIOS, LLC 12024 ELBERT STREET CLERMONT, FL 34711

Subject: **ELEANOR DEMETRIOS, LLC**

Reference Number:

L05000041896

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION