2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** FILED DOCUMENT # L05000059191. Mar 26, 2007 08:00 AM **Secretary of State** TRI-COUNTY REALTY LLC Principal Place of Business Mailing Address 1103 S WAUKESHA ST. 1103 S WAUKESHA ST. BONIFAY, FL 32425 BONIFAY, FL 32425 CR2E083 (11/05) 01042007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3052323 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent COLEMAN, MARY DO NOT WRITE **1486 GAVIN RD** BONIFAY, FL 32425 IN THIS SPACE 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 it applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME SMITH, ROBERT STREET ADDRESS 1103 S. WAUKESHA ST CITY-ST-ZIP BONIFAY, FL 32425 TITLE NAME STREET ADDRESS U00000678779 04/03/07-80011-024 50.00 CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY~ST-7IP