

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

05-07-2008 90015 048 ***138.75

DOCUMENT # L05000059191 1. Entity Name TRI-COUNTY REALTY LLC	
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Principal Place of Business 1103 S WAUKESHA ST. BONIFAY, FL 32425	Mailing Address 1103 S WAUKESHA ST. BONIFAY, FL 32425
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30008684



DO NOT WRITE IN THIS SPACE

06022008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3052323	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, MARY
1486 GAVIN RD
BONIFAY, FL 32425

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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

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

\$138.75 pd

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLEMAN, MARY E PO BOX 1006 BONIFAY, FL 32425
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Ray E. Colera*

6/2/08

8505474480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #