

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071891

FILED
Apr 27, 2008
Secretary of State

Entity Name: TRICAPITAL HOLDINGS, LLC

Current Principal Place of Business:

16718 NW 15TH STREET
PEMBROKE PINES, FL 33028 US

New Principal Place of Business:

Current Mailing Address:

16718 NW 15TH STREET
PEMBROKE PINES, FL 33028 US

New Mailing Address:

FEI Number: 20-3320489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NADAYIL, ASSISSI
16718 NW 15 ST
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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: MGR () Delete
Name: NADAYIL, ASSISSI
Address: 16718 NW 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGR () Delete
Name: THOTTATHIL, ANTONY
Address: 4851 KENSINGTON CIR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGR () Delete
Name: JOSEPH, GEORGE
Address: 412 TAMARIND DR
City-St-Zip: HALLANDALE, FL 33009

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: ASSISSI J NADAYIL

MGR

04/27/2008

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