2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081021

FILED
Apr 28, 2007
Secretary of State

Entity Name: TRICOM MANAGEMENT GROUP, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
263 EGRET WAY WESTON, FL 33327	3432 ASHTON OAKS COVE ORLANDO, FL 32779

Current Mailing Address:	**New Mailing Address:**
263 EGRET WAY WESTON, FL 33327	3432 ASHTON OAKS COVE ORLANDO, FL 32779

FEI Number: 20-3317338   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
TRIBBLE, KEITH R 263 EGRET WAY WESTON, FL 33327 US	TRIBBLE, KEITH R 3432 ASHTON OAKS COVE ORLANDO, FL 32779 US

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: KEITH TRIBBLE   04/28/2007

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	TRIBBLE, KEITH R	Name:	TRIBBLE, KEITH R
Address:	263 EGRET WAY	Address:	3432 ASHTON OAKS COVE
City-St-Zip:	WESTON, FL 33327	City-St-Zip:	ORLANDO, FL 32779
Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	TRIBBLE, TERRI H	Name:	TRIBBLE, TERRI H
Address:	263 EGRET WAY	Address:	3432 ASHTON OAKS COVE
City-St-Zip:	WESTON, FL 33327	City-St-Zip:	ORLANDO, FL 32779

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: KEITH TRIBBLE   MGR   04/28/2007

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