

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Feb 16, 2006
Secretary of State**

DOCUMENT# L05000084523

Entity Name: TRIDEVI, LLC

Current Principal Place of Business:

195 S. WESTMONTE DR. SUITE 1122
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

195 S. WESTMONTE DR. SUITE 1122
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 20-3382726 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRASBERG, LESLIE S
195 S. WESTMONTE DR. SUITE 1122
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

STUCKER, ROBERT
195 S. WESTMONTE DR. SUITE 1122
ALTAMONTE SPRINGS, FL 32714 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: ROBERT STUCKER 02/16/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: STRASBERG, LESLIE S
Address: 195 S. WESTMONTE DR. SUITE 1122
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM (X) Delete
Name: STRASBERG, JAMES A
Address: 195 S. WESTMONTE DR. SUITE 1122
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM () Delete
Name: STUCKER, ROBERT
Address: 195 S. WESTMONTE DR. SUITE 1122
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: MGRM (X) Delete
Name: STUART, NICHOLAS
Address: 195 S. WESTMONTE DR. SUITE 1122
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT STUCKER MGRM 02/16/2006

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