

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90083 045 ****50.00

DOCUMENT # L05000084523

1. Entity Name
 TRIDEV I, LLC



Principal Place of Business
 195 S. WESTMONTE DR. SUITE 1122
 ALTAMONTE SPRINGS, FL 32714 US

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

2. Principal Place of Business - No P.O. Box #
 529 S. Pine Street
 Suite, Apt. #, etc.

3. Mailing Address
 314 E. Anderson ST
 Suite, Apt. #, etc.

07162007 Chg-LLC CR2E083 (12/06)



City & State
 DeBary FL

City & State
 Orlando, FL

Zip Country
 32713 USA

Zip Country
 32801 USA

4. FEI Number
 20-3382726

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 STUCKER, ROBERT
 195 S. WESTMONTE DR. SUITE 1122
 ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
 529 S. Pine Street

City DEBARY FL Zip Code 32713

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 *Robert Stucker* (NOTE: Registered Agent signature required when reinstating) DATE 8-21-07

Filing Fee is \$50.00
 Due by September 14, 2007

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STUCKER, ROBERT 195 S. WESTMONTE DR. SUITE 1122 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STUCKER, ROBERT 529 S. Pine Street DeBary, FL 32713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Robert Stucker* DATE: 8-21-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #