

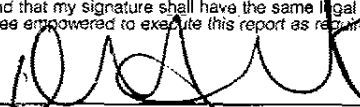


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000095155		
1. Entity Name TRILOGY PROPERTIES LLC		
Principal Place of Business % HACKERT 28 SULGRAVE ROAD SCARSDALE, NY 10583	Mailing Address % HACKERT 28 SULGRAVE ROAD SCARSDALE, NY 10583	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HACKERT, DAVID 2670 EAST SUNRISE BOULEVARD FORT LAUDERDALE, FL 33304		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HACKERT, DAVID 28 SULGRAVE ROAD SCARSDALE, NY 10583	 01082007No Chg-LLC CR2E083 (11/05) 4. FEI Number 20-3554716 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required Applied For Not Applicable 1100000586080 01/16/07-80037-018 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BELLINI, JOHN 28 SULGRAVE ROAD SCARSDALE, NY 10583	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  1/9/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		