

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095155

FILED
Jul 07, 2008
Secretary of State

Entity Name: TRILOGY PROPERTIES LLC

Current Principal Place of Business:

% HACKERT
28 SULGRAVE ROAD
SCARSDALE, NY 10583

New Principal Place of Business:

Current Mailing Address:

% HACKERT
28 SULGRAVE ROAD
SCARSDALE, NY 10583

New Mailing Address:

FEI Number: 20-3554716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HACKERT, DAVID
2670 EAST SUNRISE BOULEVARD
FORT LAUDERDALE, FL 33304 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HACKERT, DAVID
Address: 28 SULGRAVE ROAD
City-St-Zip: SCARSDALE, NY 10583

Title: MGRM () Delete
Name: BELLINI, JOHN
Address: 28 SULGRAVE ROAD
City-St-Zip: SCARSDALE, NY 10583

ADDITIONS/CHANGES:

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: JOHN BELLINI

VP

07/07/2008

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