

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095155

FILED  
Feb 24, 2009  
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 ( )

**Name and Address of Current Registered Agent:**

HACKERT, DAVID  
2670 EAST SUNRISE BOULEVARD  
FORT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

HACKERT, DAVID  
2670 EAST SUNRISE BOULEVARD  
1224  
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:

02/24/2009

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

02/24/2009

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