

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-02-2006 90092 024 ****50.00

DOCUMENT # L05000105062 1. Entity Name TRI-MEK HOMES, LLC					
Principal Place of Business Mailing Address 905 SOUTH 22ND STREET 5433 N. 59th ST TAMPA, FL 33605 33610 905 SOUTH 22ND STREET 5433 N. 59th ST TAMPA, FL 33605 33610					
2. Principal Place of Business		3. Mailing Address		01262006 Chg-LLC CR2E083 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 03-0572469	
City & State		City & State		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Zip	Country	Zip	Country	Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MEKDECI, STEPHEN 905 SOUTH 22ND STREET 5433 N. 59th ST TAMPA, FL 33605 33610				Name: Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code:	
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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2008				Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEKDECI, STEPHEN 13503 GIBBONS PASS TAMPA, FL 33613	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEKDECI, PATRICK 18989 CROOKED LANE LUTZ, FL 33548	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEKDECI, RYAN 3026 LAKE SAXON DRIVE LAND O LAKES, FL 34639	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Stephen Mekdeci</u> STEPHEN MEKDECI January 31, 2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					