


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000105062</b>		
1. Entity Name <b>TRI-MEK HOMES, LLC</b>		
Principal Place of Business <b>5433 N. 59TH STREET TAMPA, FL 33610</b>		Mailing Address <b>5433 N. 59TH STREET TAMPA, FL 33610</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MEKDECI, STEPHEN 5433 N. 59TH STREET TAMPA, FL 33610</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 reinstating) Signature, typed or printed name of registered agent and title if applicable		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		DATE <b>02/06/07-80020-019 50.00</b>
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEKDECI, STEPHEN 13503 GIBBONS PASS TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEKDECI, PATRICK 18989 CROOKED LANE LUTZ, FL 33548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEKDECI, RYAN 3026 LAKE SAXON DRIVE LAND O LAKES, FL 34639	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date <u>1/7/07</u> Daytime Phone # <u>813-626-3375</u>