

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112768

FILED
Apr 07, 2008
Secretary of State

Entity Name: TRI-STAR PROPERTIES, LLC

Current Principal Place of Business:

510 EMMA STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

C/O MARY K. SINCLAIR, AGENT
21220 CENTER RIDGE ROAD #250
ROCKY RIVER, OH 44116

New Mailing Address:

C/O MARY K. SINCLAIR, AGENT
23550 CENTER RIDGE ROAD #206
WESTLAKE, OH 44145

FEI Number: 20-3896171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, CHARLES T
510 EMMA STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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: SIMON, CHARLES T
Address: 510 EMMA STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: GIESLER, GARY
Address: 6864 ENGLE ROD
City-St-Zip: CLEVELAND, OH 44130

Title: MGRM () Delete
Name: HUZAR, DIANE
Address: 3 ASTOR PLACE
City-St-Zip: ROCKY RIVER, OH 44116

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHARLES T. SIMON

MGRM

04/07/2008

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