
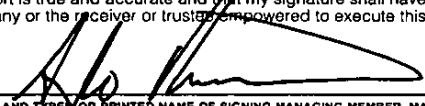


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90083 013 \*\*\*\*50.00

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| DOCUMENT # L05000117332   |  |  |  |  |   |
| <b>1. Entity Name</b><br>TRIVETRO, LLC  |  |  |  |   |   |
| <b>Principal Place of Business</b><br>5020 KILKENNEY WAY<br>OLDSMAR, FL 34677   |  |  | <b>Mailing Address</b><br>5020 KILKENNEY WAY<br>OLDSMAR, FL 34677        |   |   |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>  |  |   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |   |
| City & State  |  | City & State   |  |   |   |
| Zip   | Country  | Zip  | Country  | <b>4. FEI Number</b><br>20-3924806  |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |  |  | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>      |   |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>                       |   |   |
| MILLER, RANDELL M<br>315-S HYDE PARK AVENUE<br>TAMPA, FL 33605  |  |  | Angelo Rivera<br>5020 Kilkenney way<br>Oldsmar, FL 34677                 |   |   |
| Name: Angelo Rivera   |  |  | Street Address (P.O. Box Number is Not Acceptable)<br>5020 Kilkenney way |   |   |
| City: Oldsmar   |  |  | FL Zip Code: 34677   |   |   |
| <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.</b>  |  |  |  |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |  |   |   |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 6, 2006</b>   |  | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>   |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | President<br>Glen Kreitzer<br>2903 22nd Avenue W.<br>Bradenton, FL 34209   |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Vice President<br>Angelo Rivera<br>5020 Kilkenney way<br>Oldsmar, FL 34677 |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Secretary<br>Angelo Rivera<br>5020 Kilkenney way<br>Oldsmar, FL 34677      |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <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.</b> |  |  |  |   |   |
| <b>SIGNATURE:</b>    |  |  | 7/17/06  |   |   |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date   |   |   |
|   |  |  | Daytime Phone #  |   |   |