2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000005494

1. Entity Name
TRITERRA PARTNERS, LLC

Principal Place of Business	Mailing Address
3880 SHERIDAN STREET HOLLYWOOD, FL 33021 US	3880 SHERIDAN STREET HOLLYWOOD, FL 33021 US

04062008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KASBAR, JOHN A
3880 SHERIDAN STREET
HOLLYWOOD, FL 33021

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

04 APR 08 08:16 -019 138.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	KASBAR, JOHN A
STREET ADDRESS	3880 SHERIDAN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	MGR
NAME	HAFT, GLENN
STREET ADDRESS	3421 N. 41 COURT
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	MGR
NAME	ROSENSTEIN, DAVID
STREET ADDRESS	7461 BLUE HERON WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: John A. Kasbar 4-6-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #