

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040384

Entity Name: TRI-FORBES ENTERPRISES, LLC

FILED  
Jan 08, 2007  
Secretary of State

## Current Principal Place of Business:

POST OFFICE BOX 1847  
MINNEOLA, FL 34755

## New Principal Place of Business:

12220 HULL ROAD  
CLERMONT, FL 34711

## Current Mailing Address:

POST OFFICE BOX 1847  
MINNEOLA, FL 34755

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

G&L AGENT SERVICES, INC.  
390 NORTH ORANGE AVENUE, SUITE 600  
ORLANDO, FL 32801 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: BROWNE, TRISHA  
Address: P.O. BOX 330  
City-St-Zip: MINNEOLA, FL 34755

Title: MGR ( ) Change (X) Addition  
Name: FORBES, FLOYD  
Address: 1358 LENGENDARY BLVD  
City-St-Zip: CLERMONT, FL 34711

Title: MGR ( ) Change (X) Addition  
Name: PECHOUS, LYNN  
Address: 5814 LAKE EMMA COURT  
City-St-Zip: GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the 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: TRISHA BROWNE

MGRM

01/08/2007

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