2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007
Secretary of State

DOCUMENT# L06000061708

Entity Name: TRIQUEST,LC

Current Principal Place of Business:

6105 IVY RD.
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

6105 IVY RD.
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 64-0951703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRAVEN, COLIN M
6105 IVY RD.
PANAMA CITY, FL 32404 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: MGR ( ) Delete
Name: CRAVEN, COLIN M
Address: 6105 IVY RD.
City-St-Zip: PANAMA CITY, FL 32404

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CRAVEN, COLIN M
Address: 6105 IVY RD.
City-St-Zip: PANAMA CITY, FL 32404 US

Title: MGRM ( ) Change (X) Addition
Name: RAMIREZ, VICTOR O
Address: 8130 NW 16TH ST.
City-St-Zip: PEMBROKE PINES, FL 33024 US

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: COLIN M. CRAVEN MGR 03/05/2007

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