


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90371 029 \*\*\*\*50.00

<b>DOCUMENT # L06000069736</b>	
1. Entity Name TRI CITIES PROPERTIES, LLC	

Principal Place of Business 1545 NUTMEG PLACE, SUITE 240 COSTA MESA, CA 92626	Mailing Address 1545 NUTMEG PLACE, SUITE 240 COSTA MESA, CA 92626
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**60038846**



2. Principal Place of Business - No P.O. Box # 2331 Tustin Avenue	3. Mailing Address 2331 Tustin Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03302007 Chg-LLC CR2E083 (12/06)

City & State Newport Beach, CA	City & State Newport Beach, CA
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4. FEI Number 20-5229197	Applied For <input type="checkbox"/> Not Applicable
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Zip 92660	Country USA	Zip 92660	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  NUZUM, MARINA 14449 67TH TRAIL NORTH PALM BEACH GARDENS, FL 33418	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CATANZARITE, JEFFREY <input type="checkbox"/> Delete 1545 NUTMEG PLACE, SUITE 240 COSTA MESA, CA 92626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STROHBACH, ROBERT <input type="checkbox"/> Delete 1545 NUTMEG PLACE, SUITE 240 COSTA MESA, CA 92626
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Jeffrey Catanzarite* 4/13/07 (714) 751-7077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #