

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Nov 18, 2008  
Secretary of State**

DOCUMENT# L06000114819

Entity Name: TRIO DESIGN CONSULTANTS, LLC

**Current Principal Place of Business:**

17100 COLLINS AVE  
SUITE 224  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

17100 COLLINS AVE  
SUITE 220  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

17100 COLLINS AVE  
SUITE 224  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

17100 COLLINS AVE  
SUITE 220  
SUNNY ISLES BEACH, FL 33160

FEI Number: 20-5960409

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STROH, MIKE  
17100 COLLINS AVE  
SUITE 224  
SUNNY ISLES BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

STROH, MIKE  
17100 COLLINS AVE  
SUITE 220  
SUNNY ISLES BEACH, FL 33160 US

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: MIKE STROH

11/18/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STROH, MIKE  
Address: 17100 COLLINS AVE SUITE 224  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM ( ) Delete  
Name: TORO, ANDRES  
Address: 17100 COLLINS AVE SUITE 224  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM ( ) Delete  
Name: BUCKALEW, CHARLES  
Address: 17100 COLLINS AVE SUITE 224  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: STROH, MIKE  
Address: 17100 COLLINS AVE SUITE 220  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM (X) Change ( ) Addition  
Name: TORO, ANDRES  
Address: 17100 COLLINS AVE SUITE 220  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM (X) Change ( ) Addition  
Name: BUCKALEW, CHARLES  
Address: 17100 COLLINS AVE SUITE 220  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify 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: MIKE STROH

MGRM

11/18/2008

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