2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029967

Address:

City-St-Zip:

Entity Name: TREBOR MINNEAPOLIS, LLC

515 N FLAGLER DR STE 808

WEST PALM BEACH, FL 33401

FILED Jul 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: NORTHBRIDGE CENTER 515 NORTH FLAGLER DRIVE, SUITE 808 WEST PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** NORTHBRIDGE CENTER 515 NORTH FLAGLER DRIVE, SUITE 808 WEST PALM BEACH, FL 33401 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEWIS, HAROLD L ONE BISCAYNE TOWER, SUITE 2400 2 SOUTH BISCAYNE BLVD. MIAMI, FL 33131 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CUILLO, ROBERT S Name: Name: Address: 515 NORTH FLAGLER DRIVE, SUITE 808 Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HOTARY, MICHAEL Name:

Address:

City-St-Zip:

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: MICHAEL HOTARY T 07/20/2009