2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# L08000110338

Entity Name: TRILOGY ENTERPRISES LLC

Current Principal Place of Business:	**New Principal Place of Business:**
51 S.W. 11TH ST. 621 MIAMI, FL 33130 US	247 SW 8TH ST # 422 MIAMI, FL 33130 US

Current Mailing Address:	**New Mailing Address:**
51 S.W. 11TH ST. 621 MIAMI, FL 33130 US	247 SW 8TH ST # 422 MIAMI, FL 33130 US

FEI Number: 26-3811921 FEI Number Applied For ( ) FEI Number Not Applicable ( ) 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:**
UNITED STATES CORPORATION AGENTS, INC. 13302 WINDING OAKS BLVD. A-100 TAMPA, FL 33612 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:**	
Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	CHAVES, ANDRES F	Name:	CHAVES, ANDRES
Address:	51 S.W. 11TH ST., STE. 621	Address:	247 SW 8TH ST # 422
City-St-Zip:	MIAMI, FL 33130 US	City-St-Zip:	MIAMI, FL 33130 US

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: ANDRÉS CHAVES MGRM 08/31/2009

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