

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000015339

FILED
Mar 22, 2010
Secretary of State

Entity Name: TRYTON U.S. INVESTORS, LLC

Current Principal Place of Business:

ZAPIOLA 3535 - 112
1429 BUENOS AIRES, ARGENTINA, XX

New Principal Place of Business:

ZAPIOLA 3535 - 112
1429 BUENOS AIRES, ARGENTINA, AR XX

Current Mailing Address:

% CELLAW REGISTERED AGENTS, LLC
2601 S BAYSHORE DR - STE 700
COCONUT GROVE, FL 33133

New Mailing Address:

C/O MELLAW REGISTERED AGENTS, LLC
2601 S. BAYSHORE DRIVE, SUITE 700
COCONUT GROVE, FL 33133

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CELLAW REGISTERED AGENTS, LLC
2601 S BAYSHORTE DR
STE 700
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

MELLAW REGISTERED AGENTS, LLC
2601 S BAYSHORTE DR
STE 700
COCONUT GROVE, FL 33133 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: SANTIAGO ELJAIK III, MGR

03/22/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: COHRS, JUAN CARLOS
Address: ZAPIOLA 3535 - 112
City-St-Zip: 1429 BUENOS AIRES, AR XX

Title: MGR
Name: COHRS, CRISTIAN
Address: ZAPIOLA 3535 - 112
City-St-Zip: 1429 BUENOS AIRES, AR XX

Title: MGR
Name: COHRS, TOMAS
Address: ZAPIOLA 3535 - 112
City-St-Zip: 1429 BUENOS AIRES, AR XX

Title: MGR
Name: COHRS, CORINA
Address: ZAPIOLA 3535 - 112
City-St-Zip: 1429 BUENOS AIRES, AR XX

I hereby 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: JUAN CARLOS COHRS

MGR

03/22/2010

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