

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90008 025 ***158.75

DOCUMENT # L33888

1. Entity Name

TREBOR REALTY INVESTMENTS, INC.



Principal Place of Business
C/O ROBERT LESSER
1000 LAFAYETTE BLVD
BRIDGEPORT CT 06604

Mailing Address
C/O ROBERT LESSER
1000 LAFAYETTE BLVD
BRIDGEPORT CT 06604



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **06-1284732**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~COMMERCIAL MANAGEMENT & LEASING CORP
100 WALLACE AVENUE
SUITE 111
SARASOTA FL 34237~~

Name **H3 MANAGEMENT, L.L.C.**

Street Address (P.O. Box Number is Not Acceptable)

5317 Fruitville Rd. # 205

City **Sarasota**

FL

Zip Code
34232

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

Signature of Robert K. Lesser for H3 Management, LLC

1/25/07

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|---|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DPT LESSER, ROBERT K. 178 JACKMAN AVE. FAIRFIELD CT | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | DS LESSER, LOIS H. 178 JACKMAN AVE. FAIRFIELD CT | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-STATE-ZIP | | <input type="checkbox"/> Delete |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2007 (203) 336-1811

Date

Daytime Phone #