	D LIABILITY COMPANY ANNUAL REPORT 1999	Kati Sec	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			DIV SECTO FILTO DATE OF SECTO FILTO PARTIE OF SECTO FILTO PARTIE OF SECTO PART				1.8	
\$ 188. Name a		To: FLO		RTMEN	T OF ST	ATE		99	TIALLO	1 110-	mtn 5/12
TRICOR HOLDINGS, L.C. 1401 BRICKELL AVE SUITE 530 MIAMI FL 33131							1a. Principal Place of Business Address 1401 BRICKELL AVE SUITE 530 MIAMI FL 33131				
Principal Place of Business 2a. Mail			ing Address				3. Date Organized or Qualified 3a. State 05/17/1993 FL				of Formation
Suite, Apt. #, etc.			Suite, Apt. #, etc.				4. FEI Number			Applied For	
City & State	le	City & State					65-0437617			Not Applicable	
Z ip	Country	Zıp		Count	y		5. Date of 03/3				ate of Status Desired
	7. Name and Address of Curren	Registere	d Agent		Name	8. N	ame and Ac	dress	of New Regis	tered Agen	l/Office
ts register as register	int to the provisions of Sections 608.416 red office or registered agent, or both, in the red agent, and accept the obligations.					d fimited li		najority	of the members		
	RE(Registered Agent Accepting		(NOTE Registered)					1,	ATE		
O. Tile	Managing Members/Manage	78	1401		KELL		STE	530		State and Z	.ip Code
NEM	CUMMINGS, PAUL M		1428	BRIC	KELL	ĀVE	#400		IMAIM	FL	
MEM	MEM VOLSKY, GEORGE		1428	1428 BRICKELL AVE			#400		IMAIM	${ t FL}$	
								dГ	±05.71	9799	:F:F:4 01047019 ****183,7
ndicated o mited liab	reby certify that the information supplied voor this annual report is true and accurate all ty company or the receiver or trustee ent with an address.	and that my	signature shal to execute this r	have the eport as re	same legal equired by	effect as i Chapter 60	f made unde 08, Florida S	r oath; latutes	that I am a mar ; and that my na	naging mem ame appears	ber or manager of the