


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L93000000153 1. Entity Name TRICOR HOLDINGS, L.C.	
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Principal Place of Business 120 S. UNIVERSITY DR., SUITE C PLANTATION, FL 33324	Mailing Address 120 S. UNIVERSITY DR., SUITE C PLANTATION, FL 33324
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02232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0437617	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FEINSTEIN, MARVIN 120 S. UNIVERSITY DRIVE, SUITE C PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00
 Due by May 1, 2004**

U00000089964
 03/16/04-80011-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM MARCO, LISA 2795 PADDOCK RD WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM CUMMINGS, PAUL M 1428 BRICKELL AVE #400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM VOLSKY, GEORGE 1428 BRICKELL AVE #400 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **MARVIN FEINSTEIN** 3/11/04 954-476-5900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #