

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 18, 2005 8:00 am**  
**Secretary of State**

07-18-2005 90109 029 \*\*\*\*50.00

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<b>DOCUMENT # L93000000153</b> 1. Entity Name TRICOR HOLDINGS, L.C.					
Principal Place of Business 120 S. UNIVERSITY DR., SUITE C PLANTATION, FL 33324			Mailing Address 120 S. UNIVERSITY DR., SUITE C PLANTATION, FL 33324		
2. Principal Place of Business		3. Mailing Address 1428 Brickell Ave, 4th Floor			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4th Floor			
City & State		City & State Miami, FL			
Zip	Country	Zip 33131	Country USA	06302005    Chg-LLC    CR2E083 (10/03)	
4. FEI Number 65-0437617				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  FEINSTEIN, MARVIN 120 S. UNIVERSITY DRIVE, SUITE C PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name: Paul Cummings Street Address (P.O. Box Number is Not Acceptable): 1428 Brickell Avenue, 4th floor City: Miami    FL    Zip Code: 33131		
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: <i>Paul Cummings</i> DATE: 7/13/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MARCO, LISA 2795 PADDOCK RD WESTON, FL 33331	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CUMMINGS, PAUL M 1428 BRICKELL AVE #400 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM VOLSKY, GEORGE 1428 BRICKELL AVE #400 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Paul Cummings</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			7/13/05    305-321-8000 <small>Date    Daytime Phone #</small>		