


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L98000002596</b> 1. Entity Name TRICONY MANAGEMENT, LLC	
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Principal Place of Business 313 1/3 WORTH AVENUE, SUITE B-4 PALM BEACH, FL 33480	Mailing Address 313 1/3 WORTH AVENUE, SUITE B-4 PALM BEACH, FL 33480
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**DO NOT WRITE IN THIS SPACE**



03242005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0873478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, MICHAEL  
C/O TRICONY MGT, LLC  
313 1/2 WORTH AVE., STE B-1  
PALM BEACH, FL 33480

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, EDWARD S ONE NORTH BREAKERS ROW PALM BEACH, FL 33480
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U00000284005  
04/01/05-80047-014 50.00

**DO NOT WRITE  
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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.

SIGNATURE: Edward Torres 3-25-05 (561) 832-7088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
EDWARD TORRES