


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90094 011 \*\*\*\*50.00

<b>DOCUMENT # L99000002234</b> 1. Entity Name <b>TRIO VENTURES, L.L.C.</b>																													
Principal Place of Business <b>P.O. BOX 4702 CLIFTON, NJ 07015-4702</b>			Mailing Address <b>P.O. BOX 4702 CLIFTON, NJ 07015-4702</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number <b>65-0914537</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent  <b>SMITH, BILL T JR 1650 S DIKE HWY BOCA RATON, FL 33432</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>900 NORTH FEDERAL HIGHWAY</b> <b>SUITE 402</b> City <b>FL</b> Zip Code																									
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>[Signature]</i> <b>Register Agent</b> DATE <b>4/4/05</b>																													
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>MGRM WITMER, LINDA 50 EDWARDS RD. CLIFTON, NJ 07013</b> <input type="checkbox"/> Delete         </td> </tr> <tr> <td> <b>MGRM PAOLUCCI, DEAN 71 COUNTRY LANE CLIFTON, NJ 07013</b> <input type="checkbox"/> Delete         </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Delete         </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Delete         </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Delete         </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Delete         </td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WITMER, LINDA 50 EDWARDS RD. CLIFTON, NJ 07013</b> <input type="checkbox"/> Delete	<b>MGRM PAOLUCCI, DEAN 71 COUNTRY LANE CLIFTON, NJ 07013</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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. <b>SIGNATURE:</b> <i>[Signature]</i> <b>2/28/05</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																													