# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 17, 2006 8:00 am**
**Secretary of State**
04-05-2006 90022 007 ****50.00

DOCUMENT # L99000003657

1. Entity Name
TRI PARTNERS, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| C/O BRYON T. COOKSEY, II<br>445 SW - 27TH AVENUE, STE. E<br>VERO BEACH, FL 32960 | C/O BRYON T. COOKSEY, II<br>445 SW - 27TH AVENUE, STE. E<br>VERO BEACH, FL 32960 |

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03072006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3593962
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COOKSEY, BYRON T II
445 SW - 27TH AVENUE, STE E
VERO BEACH, FL 32960

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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 if changing)

**Filing Fee is $50.00**
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | COOKSEY, BYRON T II |
| STREET ADDRESS | 445 SW - 27TH AVENUE, STE. E |
| CITY-ST-ZIP | VERO BEACH, FL 32960 |
| TITLE | |
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| CITY-ST-ZIP | |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4-11-06 772-770-0887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #