


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90134 007 ***138.75

DOCUMENT # L99000003657	
1. Entity Name TRI PARTNERS, L.L.C.	

Principal Place of Business C/O BRYON T. COOKSEY, II 445 SW - 27TH AVENUE, STE. E VERO BEACH, FL 32960	Mailing Address C/O BRYON T. COOKSEY, II 445 SW - 27TH AVENUE, STE. E VERO BEACH, FL 32960
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60013654



2. Principal Place of Business - No P.O. Box # c/o <u>Byron T. Cooksey, II</u>	3. Mailing Address c/o <u>Byron T. Cooksey, II</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01222008 Chg-LLC CR2E083 (12/06)

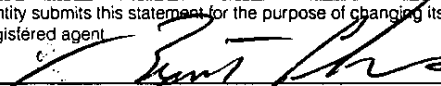
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3593962	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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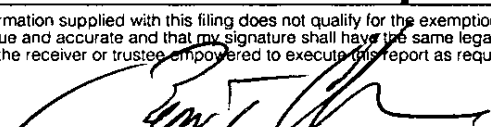
6. Name and Address of Current Registered Agent COOKSEY, BYRON T II 445 SW - 27TH AVENUE, STE E VERO BEACH, FL 32960	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 	DATE <u>3-31-08</u>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COOKSEY, BYRON T II 445 SW - 27TH AVENUE, STE. E VERO BEACH, FL 32960 <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
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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 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: 	DATE <u>3-31-08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	