


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # M02000001307 1. Entity Name THE TRI-M GROUP, LLC	
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Principal Place of Business 204 GALE LANE KENNETT SQUARE, PA 19348	Mailing Address P.O. BOX 69 KENNETT SQUARE, PA 19348
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DO NOT WRITE IN THIS SPACE



01222004No Chg-LLC - CR2E083 (10/03)

4. FEI Number 04-3622615	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

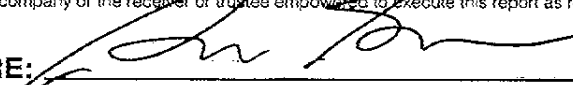
**Filing Fee is \$50.00
Due by May 1, 2004**

000000106433
04/08/04-80015-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MUSSER, W. THOMAS 204 GALE LANE KENNETT SQUARE, PA 19348
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HORN, JAMES T 204 GALE LANE KENNETT SQUARE, PA 19348
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE
Date: 4/1/2004 Daytime Phone: (610) 444-1000 x126