


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90014 009 ****50.00

| | |
|---|---|
| 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 |
|--|--|



01072006No Chg-LLC

CR2E083 (11/05)

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|------------------------------------|-------------------------------|
| 4. FEI Number 04-3622615 | Applied For 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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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 _____
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, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MUSSEY, 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 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:  **VP/CEO** **1-7-06** **(610) 444 1000 x126**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #