

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002794

FILED  
Feb 02, 2004  
Secretary of State

Entity Name: TRIREME, LLC

## Current Principal Place of Business:

C/O THE HINCKLEY COMPANY  
30 ROWES WHARF, STE 480  
BOSTON, MA 02110

## New Principal Place of Business:

C/O THE HINCKLEY COMPANY  
ONE LITTLE HARBOR LANDING  
PORTSMOUTH, RI 02781

## Current Mailing Address:

C/O THE HINCKLEY COMPANY  
30 ROWES WHARF, STE 480  
BOSTON, MA 02110

## New Mailing Address:

C/O THE HINCKLEY COMPANY  
ONE LITTLE HARBOR LANDING  
PORTSMOUTH, RI 02781

FEI Number: 20-0161007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: METZ, TRAVIS R  
Address: TWO CANAL PARK, 4TH FLOOR  
City-St-Zip: CAMBRIDGE, MA 02141

Title: MGR ( ) Delete  
Name: WILLARD, RALPH R  
Address: 30 ROWES WHARF, STE 480  
City-St-Zip: BOSTON, MA 02110

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RALPH R. WILLARD

MGR

02/02/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date