FILED Apr 28, 2008 8:00 am

2008 LIMITED LIABILITY COMPANY

1. Entity Kerns EAS (BOLIVIA) LLC Principal Place of Business 3222 RED CLEVELAND BOULEVARD SAMFORD, FL 32773 3222 RED CLEVELAND BOULEVARD SAMFORD, FL 32773 Series	ANNUAL REPORT						Secretary of State				
Principal Place of Business 3222 RED CLEVELAND BOULEVARD 3227 RED CLEVELAND BOULEVARD SANFORD, FL 32773 2. Principal Place of Business - No P.C. Box *	DOCUMENT # M0400002912 1. Entity Name TRI OVERSEAS (BOLIVIA) LLC							04-28-2008	8 90056 034 ***	138.75	
SAVE ORD F. 192773 SAWORD, F.	15/012/										
SAVE ORD F. 192773 SAWORD, F.	Principal Place of Business Mailing Address						60030717				
Suite, Apt. #, etc. Suite, Apt. #, etc.							0000127				
City & State City & State City & State City & State City & State Country Zeb	2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address								
ZP County Zip County Sip County Sip S. Certificate of Status Desired SS 100 Additional Personal Processing SS 100 Additional Processing Additional Processing Additional Processing SS 100 Additional Processing	Suite, Apt. #, etc.		Suite, Apt. #, etc.				04092008	Chg-LLC	CR2E083 (12/06	5)	
S. Certificate of Status Desired Fee Required Control Fee Requir	City & State		City & State				l — — — — — — — — — — — — — — — — — — —				
ROBINSON, R. KEITH 3222 RED CLEVELAND RD SANFORD, FL, 32773 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered eigent, or born, in the State of Rolida. I am familiar with, and accept no obligations of registered agent, or born, in the State of Rolida. I am familiar with, and accept no obligations of registered agent, or born, in the State of Rolida. I am familiar with, and accept no obligations of registered agent, or born, in the State of Rolida. I am familiar with, and accept no obligations of registered agent, or born, in the State of Rolida. I am familiar with, and accept no obligations of registered agent, or born, in the State of Rolida. I am familiar with, and accept no obligations of registered agent, or born, in the State of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar with, and accept no obligations of Rolida. I am familiar minimum no obligations of Rolida. I am familiar minimum no obligations of Rolida. I am familiar minimum no obligations accept no obligations of Rolida. I am familiar minimum no obligations and under oath that I am a managing member or manager of th	Zip	Zip Country Z		Zip Country			5. Certificate	of Status Desired			
ROBINSON, R KEITH 3222 RED CLEVELAND RD SANFORD, FL 32773 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 Syndra, fised or preserved agent and see a seekable. (NOTE, Regemed Agent Royalus recinit and any mentating) DATE FILE NOWILL FEE IS \$138.75 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 110.	Name and Address of Current Registered Agent					 (
Street Address (P.O. Box Number is Not Acceptable) 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the right accept agent, or both, in the State of Florida. I am familiar with, and accept the right accept agent, or both, in the State of Florida. I am familiar with, and accept a familiar with, and accept agent agent agent agent agent, or both, in the State of Florida. I am familiar with, and accept agent agent	ROBINSO	N. R KEITH			Name						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of the Florida States of Florida States of Florida States of Florida. I am familiar with, and accept agent and the fire registered agent, or both, in the State of Florida States	3222 RED SANFORD	CLEVELAND RD FL. 32773		Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent. SIGNATURE	Magazina in the control of the contr				City Zip Code						
SIGNATURE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 IIILE SD MANAGING MEMBERS /MANAGERS IIILE SD CLIFTON, ROGER C SIREE! ADDRESS SIREE! ADDRESS SIREE! ADDRESS SIREE! ADDRESS SANFORD, FL 32773 SIREE! ADDRESS CITY-S1-JP SANFORD, FL 32773 CITY-S1-JP CHange Addition MAKE SIREE! ADDRESS CITY-S1-JP SANFORD, FL 32773 CITY-S1-JP CITY-S1-JP SANFORD, FL 32773 CITY-S1-JP CITY-S1-JP CHANGE SIREE! ADDRESS CITY-S1-JP SANFORD, FL 327736 CITY-S1-JP Delete IIIIE AS CALLEY-LOAND BOULEVARD SIREE! ADDRESS CITY-S1-JP SANFORD, FL 327736 CITY-S1-JP CHANGE SIREE! ADDRESS CITY-S1-JP CHANGE SI	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										
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES 10. ADDITIONS/CHA											
After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
ITILE MAME CLIFTON, ROGER C SIREEI ADDRESS SIREEI A										I	
NAME SIREET ADDRESS CLIFTON, ROGER C SIREET ADDRESS SIREET ADDRESS CITY-ST-2IP SANFORD, FL 32773 ITHE AFTC NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-2IP SANFORD, FL 32773 ITHE PD GOULDTHORPE, LARRY D SIREET ADDRESS CITY-ST-2IP SANFORD, FL 32773 ITHE CRD TITLE NAME SIREET ADDRESS CITY-ST-2IP SANFORD, FL 32773 ITHE CRD TITLE NAME SIREET ADDRESS CITY-ST-2IP SANFORD, FL 32773 ITHE CRD TITLE NAME SIREET ADDRESS CITY-ST-2IP SANFORD, FL 32773 ITHE CRD TITLE NAME SIREET ADDRESS CITY-ST-2IP SANFORD, FL 32773 CITY-ST-2IP SANFORD, FL 327736 CITY-ST-2IP SIREET ADDRESS SIREET ADDRESS SI	9.	MANAGING MEMBE	RS/MANAGERS	10.			1	ADDITIONS/	CHANGES		
CITY-ST-ZIP SANFORD, FL 32773 CITY-ST-ZIP SANFORD, FL 327736 CITY-ST-ZIP SANFORD, FL 32773 CITY-ST-ZIP SANFORD, FL 32773 CITY-ST-ZIP SANFORD,	TITLE		Delete			MGM	LM No Me	DOTINAL	☐ Chang	Addition	
ANME SIREET ADDRESS CITY-S1-ZIP SANFORD, FL 32773 IIILE PD Delete SIREET ADDRESS CITY-S1-ZIP SANFORD, FL 32773 IIILE PD Delete SIREET ADDRESS CITY-S1-ZIP SANFORD, FL 32773 IIILE CFDT ROBINSON, R. KEITH SOZERED CLEVELAND BOULEVARD CITY-S1-ZIP SANFORD, FL 32773 IIILE AS CITY-S1-ZIP SANFORD, FL 327736 IIILE AS CITY-S1-ZIP Change Addition AMME SIREET ADDRESS CITY-S1-ZIP Change Addition AMME SIREET ADDRESS CITY-S1-ZIP IIILE AMME SIREET ADDRESS CITY-S1-ZIP IIILE AS CITY-S1-ZIP Change Addition Addition AMME SIREET ADDRESS CITY-S1-ZIP IIILE AMME SIREET ADDRESS CITY-S1-ZIP IIILE AMME SIREET ADDRESS CITY-S1-ZIP IIILE AMME SIREET ADDRESS CITY-S1-ZIP IIILE AMME SIREET ADDRESS CITY-S1-ZIP IIILE AMME SIREET ADDRESS CITY-S1-ZIP IIILE AMME SIREET ADDRESS CITY-S1-ZIP IIILE AMME SIREET ADDRESS CITY-S1-ZIP IIILE AMME SIREET ADDRESS CITY-S1-ZIP IIILE AMME SIREET ADDRESS CITY-S1-ZIP IIILE AMME SIREET ADDRESS CITY-S1-ZIP IIILE AMME SIREET ADDRESS CITY-S1-ZIP IIILE ADDRESS CITY-S1-Z	STREET ADDRESS CITY-ST-ZIP	3222 RED CLEVELAND BOULEVARD ST		STRE	ET ADDRESS	761 322 3AN	Z RED t FORD, FL	LIGHTUNS LEVELANI 32773	BLVD.		
STREET ADDRESS SANFORD, FL 32773 STREET ADDRESS CITY-SI-ZIP SANFORD, FL 32773 STREET ADDRESS CITY-SI-ZIP SANFORD, FL 32773 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP SANFORD, FL 32773 STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-SI-ZIP SANFORD, FL 32773 CITY-SI-ZIP SANFORD, FL 327736 CITY-SI-ZIP SANFORD, FL 327736 CITY-SI-ZIP SANFORD, FL 327736 CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP ADDRESS	TITLE	- Cocic				D	27 +01	(RADDIE	Chang	Addition	
CITY-S1-ZIP SANFORD, FL 32773 CITY-S1-ZIP SANFORD, FL 327736 CITY-S1-ZIP SANFORD, FL 32773 CITY-S1-ZIP SANFORD, F		·				2727	RED CO	LEVELAND	BLVD.	,	
Tille	CITY-ST-ZIP					SANG	FORD, FL	32773	_		
STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32773 CITY-ST-ZIP ITILE CFDT ROBINSON, R. KEITH NAME STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32773 CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE AS ACKLEY, DAVID E STREET ADDRESS CITY-ST-ZIP SANFORD, FL 327736 CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STR	TITLE	_	Delete				•		Chang	Addition	
CITY-ST-ZIP SANFORD, FL 32773 CITY-ST-ZIP IITLE CFDT ROBINSON, R. KEITH STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32773 CITY-ST-ZIP IITLE AS ACKLEY, DAVID E STREET ADDRESS CITY-ST-ZIP SANFORD, FL 327736 CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY-ST-ZIP 11TLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP 11TLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition Addition NAME STREET ADDRESS CITY-ST-ZIP Change Addition Additio			/APN								
NAME ROBINSON, R. KEITH 3222 RED CLEVELAND BOULEVARD SIREET ADDRESS CITY-ST-ZIP INTLE AS ACKLEY, DAVID E STREET ADDRESS CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP I	CITY-ST-ZIP		AND								
STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32773 CITY-ST-ZIP INTLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delele	TITLE					☐ Chang	Addition	
CIIY-ST-ZIP SANFORD, FL 32773 CIIY-ST-ZIP IIILE AS Delete TIILE ACKLEY, DAVID E STREET ADDRESS CITY-ST-ZIP SANFORD, FL 327736 CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP Delete TIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY-ST-ZIP 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	NAME		/ADD								
NAME STREET ADDRESS CITY-ST-ZIP SANFORD, FL 327736 Delete ITIE NAME STREET ADDRESS CITY-ST-ZIP TIPLE NAME STREET ADDRESS CITY-ST-ZIP TO Delete TIPLE NAME STREET ADDRESS CITY-ST-ZIP 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	CITY-ST-ZIP		AND								
STREET ADDRESS CITY-ST-ZIP SANFORD, FL 327736 CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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	TITLE		☐ Defete	TITLE					☐ Chang	Addition	
CITY-ST-ZIP SANFORD, FL 327736 CITY-ST-ZIP TITLE Delete Delete Delete CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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	NAME CTREET ADDRESS										
NAME STREET ADDRESS CITY-ST-ZIP 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	CITY-ST-ZIP				,						
STREET ADDRESS CITY-ST-ZIP 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	TITLE		☐ Delete	TITLE					☐ Change	Addition	
CITY-ST-ZIP 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	NAME CTREET ADDRESS				i						
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	CITY-ST-ZIP				3						
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	indicated	on this report is true and accurate and	that my signature shall have th	ne same	legal effe	ct as if m	ade under oath:	that I am a manag	urther certify that the inging member or mana	oformation ger of the	