2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000003480

1. Entity Name
TRETY USA LLC

Principal Place of Business	Mailing Address
155 ST JOHN'S BUSINESS PLACE SUITE 205 ST AUGUSTINE, FL 32095	155 ST JOHN'S BUSINESS PLACE SUITE 205 ST AUGUSTINE, FL 32095

DO NOT WRITE IN THIS SPACE

03172006No Chg-LLC CR2E083 (11/05)

4. FEI Number
84-1508895
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

TRENDLER, STEPHEN M.
155 ST JOHNS BUSINESS PLACE
SUITE 205
SAINT AUGUSTINE, FL 32095

DO NOT WRITE 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000475147
04/05/06-80004-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TRENDLER, STEPHEN
STREET ADDRESS	155 ST JOHN'S BUSINESS PLACE SUITE 205
CITY-ST-ZIP	ST AUGUSTINE, FL 32095
TITLE	MGR
NAME	GRAGGER, NATALIE
STREET ADDRESS	155 ST JOHN'S BUSINESS PLACE SUITE 205
CITY-ST-ZIP	ST AUGUSTINE, FL 32095
TITLE	MGR
NAME	BUONO, JOSEPH
STREET ADDRESS	155 ST JOHN'S BUSINESS PLACE SUITE 205
CITY-ST-ZIP	ST AUGUSTINE, FL 32095
TITLE	MGR
NAME	TRETY COMMUNICATIONS
STREET ADDRESS	155 ST JOHN'S BUSINESS PLACE SUITE 205
CITY-ST-ZIP	ST AUGUSTINE, FL 32095
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 3/17/06 904-940-1580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #