

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006548

Entity Name: TRISTAR-FS, LLC

**FILED**  
**Feb 08, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

390 SOUTH WOODS MILL ROAD STE 160  
CHESTERFIELD, MO 63017

**New Principal Place of Business:**

**Current Mailing Address:**

390 SOUTH WOODS MILL ROAD STE 160  
CHESTERFIELD, MO 63017

**New Mailing Address:**

FEI Number: 20-3983417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

MOHAN, THOMAS M  
2201 FEATHER SOUND DR  
CLEARWATER, FL 33762 US

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: THOMAS M. MOHAN

02/08/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: TRISTAR BUSINESS COM, MUNITIES, L.L. C .  
Address: 390 SOUTH WOODS MILL ROAD STE 160  
City-St-Zip: CHESTERFIELD, MO 63017

**ADDITIONS/CHANGES:**

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 Chapter 119, 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: MICHAEL TOWERMAN

MGR

02/08/2006

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