


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000007088 1. Entity Name TRICONY CFC, L.L.C.	
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Principal Place of Business 313 1/2 WORTH AVENUE SUITE B-1 PALM BEACH, FL 33480	Mailing Address 313 1/2 WORTH AVENUE SUITE B-1 PALM BEACH, FL 33480
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DO NOT WRITE IN THIS SPACE



03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3958960	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 TRICONY FLORIDA CORP. 313 1/2 WORTH AVENUE SUITE B-1 PALM BEACH, FL 33480
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**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 Rick Turner 4-507
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TROCONY CORAL SPRINGS, LTD. 313 1/2 WORTH AVENUE SUITE B-1 PALM BEACH, FL 33480
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04/18/07-80063-005 50.00

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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: Rick Turner 4-507 (561) 832-7088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #