2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000007088 1. Entity Name TRICONY CFC, L.L.C.

î .

FILED Mar 28, 2008 08:00 Al Secretary of State

Principal Place of Business		Mailing Address			
313 1/2 WORTH AVENUE SUITE B-1		313 1/2 WORTH AVENUE SUITE	B-1		
PALM BEACH, FL 33480 PALM BEACH, FL 33480		PALM BEAUH, FL 33480			
		şa.,			
				 	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				01102008 No Chg-LLC	CR2E083 (12/07)
, C	O NOT WRITE	IN THIS SPAC	E	4. FEI Number	Applied For
e Ferritoria		,		20-3958960	Not Applicable
and the second of the second o	at in a line			5. Certificate of Status Desired	S5.00 Additional Fee Required
4	6. Name and Address of Current R	egistered Agent	4		
TRICONY FLORIDA CORP.					
313 1/2 WORTH AVENUE SUITE B-1				DO NOT WE	and the state of t
PALM BEACH, FL 33480				IN THIS SPA	ACE
			, ex		
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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent algoriture required when reinstating) DATE					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OATE					
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75				-80065-016 138.75
					The state of the s
9. TITLE	MANAGING MEMBER	S/MANAGERS			
NAME	TROCONY CORAL SPRINGS, LT	D.	, v.,		
STREET ADDRESS CITY-ST-ZIP	313 1/2 WORTH AVENUE SUITE PALM BEACH, FL 33480	B-1	,,,		
TITLE	TALW BEACH, TE 30400				
NAME			4		
STREET ADDRESS CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS CITY+ST+ZIP			2.00	DO NOT WI	RITE '
TITLE					
NAME CIRCULADDRESS				IN THIS SP	
STREET ADDRESS CITY+ST-ZIP					
STREET ADDRESS					
STREET ADDRESS CITY+ST+ZIP TITLE NAME					
STREET ADDRESS CITY+ST+ZIP TITLE					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP TITLE 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date