

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000007088

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** TRICONY CFC, L.L.C.

**Current Principal Place of Business:**

313 1/2 WORTH AVENUE SUITE B-1  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

313 1/2 WORTH AVENUE SUITE B-1  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 20-3958960

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRICONY FLORIDA CORP.  
313 1/2 WORTH AVENUE SUITE B-1  
PALM BEACH, FL 33480 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** TROCONY CORAL SPRINGS, LTD.  
**Address:** 313 1/2 WORTH AVENUE SUITE B-1  
**City-St-Zip:** PALM BEACH, FL 33480

I hereby 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: RICK TORRES

PRES

04/04/2012

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