

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 17, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000002157

1. Entity Name
TRILOGY GLOBAL ADVISORS, LLC



Principal Place of Business
1114 AVENUE OF THE AMERICAS, 28TH FLOOR
NEW YORK, NY 10036

Mailing Address
1114 AVENUE OF THE AMERICAS, 28TH FLOOR
NEW YORK, NY 10036



05162007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3003629

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 obligation of registered agent.

SIGNATURE _____

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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BECWITT, ROBERT 1114 AVE. OF THE AMERICAS, 28TH FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCGOVERN, JAMES 1114 AVE. OF THE AMERICAS, 28TH FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRINDIVILLE, ROBERT 1114 AVE. OF THE AMERICAS, 28TH FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STERLING, WILLIAM 1114 AVE. OF THE AMERICAS, 28TH FLOOR NEW YORK, NY 10036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURROW, RYAN 1900 SUMMIT TOWER BLVD., SUITE 450 ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000764450
05/30/07-80063-006 50.00

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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: _____

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

May 16, 07

Date

Daytime Phone #

212 703 3104