

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002157

FILED
Jan 12, 2010
Secretary of State

Entity Name: TRILOGY GLOBAL ADVISORS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3003629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: MGR
Name: BECKWITT, ROBERT
Address: 1114 AVE. OF THE AMERICAS, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: MGR
Name: PRINDIVILLE, ROBERT
Address: 1114 AVE. OF THE AMERICAS, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: MGR
Name: STERLING, WILLIAM
Address: 1114 AVE. OF THE AMERICAS, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: MGR
Name: BURROW, RYAN
Address: 400 PARK AVENUE SOUTH, SUITE 320
City-St-Zip: WINTER PARK, FL 32789

Title: MGR
Name: JENNINGS, KENNETH
Address: 1114 AVENUE OF THE AMERICAS, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10036

Title: MGR
Name: SCHAPPERT, KEITH
Address: 1114 AVENUE OF THE AMERICAS, 28TH FLOOR
City-St-Zip: NEW YORK, NY 10036

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: RYAN BURROW

MGR

01/12/2010

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