


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 11 PM 3:44

DOCUMENT # M06000003561 1. Entity Name TRICON CONSTRUCTION, LLC	
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Principal Place of Business 600 CENTER AVENUE BENSLEM, PA 19020	Mailing Address 600 CENTER AVENUE BENSLEM, PA 19020
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2. Principal Place of Business - No P.O. Box # 3433 MARSHALL LANE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 826 Suite, Apt. #, etc.
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11022007 REIN-LLC CR2E101 (1/07)

City & State BENSLEM PA	City & State BENSLEM PA		
Zip 19020	Country USA	Zip 19020	Country USA

4. FEI Number 56-2327956	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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  <small>Signature, typed or printed name of registered agent if not applicable</small>	DATE
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FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$200.00

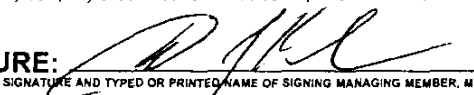
Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	KUBACH, DENNI
STREET ADDRESS	3433 MARSHALL LANE
CITY-ST-ZIP	BENSLEM, PA 19020
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12/07/07 01054 013 \$120.00
STREET ADDRESS	100112952001
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400115395054
STREET ADDRESS	01/17/08--01027--008 **30.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

REINSTATEMENT 2007

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: 	Date: 12-3-07	Daytime Phone #: 215 245-4210
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