


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	FILED MAY 26 AM 11:18																				
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>																					
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000000504</b>  TRI-COUNTY COMMERCE PARK, L.L.C. 4771 LAKESHORE LOOP OLDSMAR FL 34677		1a. Principal Place of Business Address  4771 LAKESHORE LOOP OLDSMAR FL 34677																					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country																					
		3. Date Organized or Qualified 05/21/1998	3a. State of Formation MI																				
		4. FEI Number 38-3374618	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																				
		5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																				
7. Name and Address of Current Registered Agent  FAHARDI, MEHDI 4771 LAKESHORE LOOP OLDSMAR FL 34677		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code																					
		500002887685 -05/26/99--01102--004 ****197.50 ****197.50 <b>FL</b>																					
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.																							
SIGNATURE _____		DATE _____																					
<small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">10. Title</th> <th style="width:30%;">Managing Members/Managers</th> <th style="width:30%;">Business Street Address</th> <th style="width:30%;">City, State and Zip Code</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>FAHARDI, MEHDI</td> <td>4771 LAKESHORE LOOP</td> <td>OLDSMAR FL</td> </tr> <tr> <td>MGRM</td> <td>CARLESIMO, ONORIO</td> <td>41 EAGLE LANE</td> <td>PALM HARBOR FL</td> </tr> <tr> <td>MGRM</td> <td>MALISZEWSKI, THOMAS A</td> <td>55298 LORDONNA LANE</td> <td>SHELBY TOWNSHIP MI</td> </tr> <tr> <td>MGRM</td> <td>NOVAK, RONALD R</td> <td>3339 STONEWYCK COURT</td> <td>SHELBY TOWNSHIP MI</td> </tr> </tbody> </table>				10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	MGRM	FAHARDI, MEHDI	4771 LAKESHORE LOOP	OLDSMAR FL	MGRM	CARLESIMO, ONORIO	41 EAGLE LANE	PALM HARBOR FL	MGRM	MALISZEWSKI, THOMAS A	55298 LORDONNA LANE	SHELBY TOWNSHIP MI	MGRM	NOVAK, RONALD R	3339 STONEWYCK COURT	SHELBY TOWNSHIP MI
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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.																							
SIGNATURE: Mehdi Farhadi		4-30-99 727-773-0091																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>																							