2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000090959

Title:

Name:

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ELIAS, JON E

(X) Delete

CORAL GABLES, FL 33146 US

550 SOUTH DIXIE HIGHWAY, SUITE 300

Entity Name: TRIVEST-POMPANO CO.

FILED Feb 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O TRIVEST PARTNERS, L.P. 550 SOUTH DIXIE HIGHWAY, SUITE 300 CORAL GABLES, FL 33146 **New Mailing Address: Current Mailing Address:** C/O TRIVEST PARTNERS, L.P. 550 SOUTH DIXIE HIGHWAY, SUITE 300 CORAL GABLES, FL 33146 US FEI Number: 65-0870608 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GERSHMAN, DAVID 550 SOUTH DIXIE HIGHWAY SUITE 300 CORAL GABLES, FL 33146 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSD () Delete Title: () Change () Addition GERSHMAN, DAVID Name: Name: 550 SOUTH DIXIE HIGHWAY, SUITE 300 Address: Address: City-St-Zip: CORAL GABLES, FL 33146 US City-St-Zip: Title: Title: () Delete () Change () Addition DENNIS, PHYLLIS G Name: Name: 550 SOUTH DIXIE HIGHWAY, SUITE 300 Address: Address: CORAL GABLES, FL 33146 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PHYLLIS G. DENNIS AS 02/27/2009

() Change () Addition