2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# P98000090959

Entity Name: TRIVEST-POMPANO CO.

Current Principal Place of Business:

C/O TRIVEST PARTNERS, L.P.
550 SOUTH DIXIE HIGHWAY, SUITE 300
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

C/O TRIVEST PARTNERS, L.P.
550 SOUTH DIXIE HIGHWAY, SUITE 300
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0870608 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GERSHMAN, DAVID
550 SOUTH DIXIE HIGHWAY
SUITE 300
CORAL GABLES, FL 33146 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

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: GERSHMAN, DAVID
Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146 US

Title: AS ( ) Delete
Name: DENNIS, PHYLLIS G
Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D (X) Delete
Name: ELIAS, JON E
Address: 550 SOUTH DIXIE HIGHWAY, SUITE 300
City-St-Zip: CORAL GABLES, FL 33146 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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.

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

Electronic Signature of Signing Officer or Director — Date