2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000042053

City-St-Zip:

NEW SMYRNA BEACH, FL 32169

FILED Mar 21, 2006 Secretary of State

Entity Name: TRI-STATE PROPERTIES, INC.					
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
1315 BEACON STREET NEW SMYRNA BEACH, FL 32169			APARTMENTS #1	104 S. PENINSULA AVE APARTMENTS #1,2,3,4,5 &6 NEW SMYRNA BEACH, FL 32169 US	
Current Mailing Address:			New Mailing Add	New Mailing Address:	
	CON STREET RNA BEACH,	FL 32169			
FEI Number:	59-3574656	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 US			1315 BEACON ST	FLANAGAN, CHERYL L PD 1315 BEACON STREET NEW SMYRNA BEACH, FL 32169 US	
The above in the State		submits this statement for the p	ourpose of changing its regist	tered office or registered agent, or both,	
SIGNATURE: CHERYL L FLANAGAN				03/21/2006	
	Electron	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	FLANAGAN, CH 1315 BEACON		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	FLANAGAN, CH 1315 BEACON		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	STD (FLANAGAN, RI 1315 BEACON		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: CHERYL L. FLANAGAN PD 03/21/2006