

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015689

**FILED**  
**Feb 08, 2006**  
**Secretary of State**

**Entity Name:** TRINITY INVESTMENTS OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

4585 RUNNING MEADOWS LANE  
TALLAHASSEE, FL 32303 US

**New Principal Place of Business:**

**Current Mailing Address:**

4585 RUNNING MEADOWS LANE  
TALLAHASSEE, FL 32303 US

**New Mailing Address:**

FEI Number: 20-2399297

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HAY, KEITH A  
4585 RUNNING MEADOWS LANE  
TALLAHASSEE, FL 32303 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAY, KEITH A  
Address: 45858 RUNNING MEADOWS LN  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM ( ) Delete  
Name: LONGSHORE, WILLIAM R  
Address: 5713 MOSSY TOP WAY  
City-St-Zip: TALLAHASSEE, FL 32303 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HAY, KEITH A  
Address: 4585 RUNNING MEADOWS LN  
City-St-Zip: TALLAHASSEE, FL 32303 US

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

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 is true and accurate and that my electronic 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: KEITH A. HAY

MGRM

02/08/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date