


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000107094**  
 1. Entity Name  
 TRINITY PROFESSIONAL PLACE, LLC



Principal Place of Business 306 E. OAK AVE. TAMPA, FL 33602	Mailing Address 306 E. OAK AVE. TAMPA, FL 33602
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3748859	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 MCNAMARA, THOMAS P  
 2909 BAY TO BAY BLVD., SUITE 309  
 TAMPA, FL 33629

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COCKRELL, BERNARD Y II 306 E. OAK AVE. TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWIS, CHRISTOPHER R 9331 ADAMO DRIVE, SUITE 200 TAMPA, FL 33619
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 01/22/07-80065-003 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

**SIGNATURE:**  **Managing Member** **1/18/07** **813-726-3587**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #