

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A09000000312

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** TRILOGY ENTERPRISES I, LLLP

**Current Principal Place of Business:**

2036 84TH ST CIR NW  
BRADENTON, FL 34209 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14427  
BRADENTON, FL 34280 US

**New Mailing Address:**

**FEI Number:** 90-0530709

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BURNS, MARY A  
2036 84TH ST CIRCLE NW  
BRADENTON, FL 34209 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

**GENERAL PARTNER INFORMATION:**

Document #: L09000005352  
Name: DREAM HOUSE CHARITY, LLC  
Address: 2036 84TH ST CIR NW  
City-St-Zip: BRADENTON, FL 34209 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:  
Name: BURNS, MARY A  
Address: 2036 84TH ST CIR NW  
City-St-Zip: BRADENTON, FL 34209 US

Address:  
City-St-Zip:

Document #:  
Name: BURNS, CRAIG C  
Address: 2036 84TH ST CIR NW  
City-St-Zip: BRADENTON, FL 34209 US

Address:  
City-St-Zip:

I hereby 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: MARY A BURNS

GP

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date