

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000011250**

1. Entity Name  
**TRINITY LAND COMPANY OF OCALA, LLC**



Principal Place of Business  
**4337 DARDANELLE DRIVE  
ORLANDO, FL 32808**

Mailing Address  
**4337 DARDANELLE DRIVE  
ORLANDO, FL 32808**



04182005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3672093**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**5. Name and Address of Current Registered Agent**

**DELUZIO, DONALD  
4337 DARDANELLE DRIVE  
ORLANDO, FL 32808**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**U000000322270  
04/22/05-80005-010 50.00**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DELUZIO, DONALD  
4337 DARDANELLE DRIVE  
ORLANDO, FL 32808**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
VAN DYKE, DAVID  
4337 DARDANELLE DRIVE  
ORLANDO, FL 32808**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WILLIAMS, DALE  
4337 DARDANELLE DRIVE  
ORLANDO, FL 32808**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PERRY, VICTOR  
11626 S.E. 123RD STREET  
BELLEVIEW, FL 34420**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Donald A. Deluzio*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*4/18/05 (407) 781-2200*