2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2008
Secretary of State

DOCUMENT# L01000004817

Entity Name: TRINITY REALTY SERVICES GROUP, LLC

Current Principal Place of Business:

7 PALMS PLAZA
HOMESTEAD, FL 33030 US

New Principal Place of Business:

15260 SW 280 ST SUITE 206
HOMESTEAD, FL 33032 US

Current Mailing Address:

P.O. BOX 836182
MIAMI, FL 332836182 US

New Mailing Address:

P.O. BOX 90987
HOMESTEAD, FL 33090 US

FEI Number: 65-1086335 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SJO ASSOCIATES
7 PALMS PLAZA
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

SJO ASSOCIATES
15260 SW 280 ST SUITE 206
HOMESTEAD, FL 33090 US

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: STEPHANYE JOHNSON 04/20/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JOHNSON, EARTHA L
Address: 622 PINE ST
City-St-Zip: BROOKLYN, NY 11208

Title: MGRM ( ) Delete
Name: JOHNSON, STEPHANYE
Address: 7 PALMS PLAZA
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: JOHNSON, STEPHANYE
Address: 15260 SW 280 ST SUITE 206
City-St-Zip: HOMESTEAD, FL 33032

I hereby certify that the information supplied with this filing does not qualify 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: STEPHANYE JOHSON MMGR 04/20/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date