2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# L01000010617

Entity Name: TRUSTED THIRD PARTY, LLC

Current Principal Place of Business:

1020 E. LAFAYETTE ST., STE. 105
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1020 E. LAFAYETTE ST., STE. 105
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 03-0409441 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARNER, CHARLES E
1020 E. LAFAYETTE ST., STE. 105
TALLAHASSEE, FL 32301 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	BARNER, CHARLES E	
Address:	1020 E. LAFAYETTE ST., STE. 105	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	MGRM	(X) Delete
Name:	HATCHER, FRANK	
Address:	1020 E LAFAYETTE ST; STE 105	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	MGRM	( ) Delete
Name:	BALARA, TERRY	
Address:	525 CARCABA	
City-St-Zip:	ST. AUGUSTINE, FL	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: CHARLES BARNER MGR 04/08/2005

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