

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN -4 PM 4:04

Handwritten signature/initials

DOCUMENT # L01000019054

1. Entity Name
TRINITY OF NAPLES, L.L.C.



Principal Place of Business
11905 TAMiami TRAIL NORTH, UNIT C
NAPLES, FL 34110

Mailing Address
11905 TAMiami TRAIL NORTH, UNIT C
NAPLES, FL 34110

2. Principal Place of Business
2515 Northbrooke Plaza Dr.

3. Mailing Address
2515 Northbrooke Plaza Dr.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Naples, FL

City & State
Naples, FL

Zip
34119

Country
USA

Zip
34119

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0564477

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOMAN, GREG
11905 TAMiami TRAIL NORTH, UNIT C
NAPLES, FL 34110

Name
GREG LOMAN

Street Address (P.O. Box Number is Not Acceptable)
2515 Northbrooke Plaza Dr.

Suite 200

City
Naples

FL Zip Code
34119

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 administering)

DATE

FILE NOW!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

000020531159
04/03--01082--012 **200.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOMAN, GREG
11905 TAMiami TRAIL NORTH, UNIT C
NAPLES, FL 34110 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CHAPMAN, SHERRI
11905 N TAMiami TRAIL
NAPLES, FL 34110 ☐ Delete

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

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

Sherrri Chapman 4/20/03 (239) 597-6099

Date

Daytime Phone #

CR2E083 (10/02)