


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90042 005 ****50.00

DOCUMENT # L02000000581	
1. Entity Name TRIFECTA INVESTMENTS, LLC	

Principal Place of Business 1605 SOUTH ALEXANDER STREET SUITE 102 PLANT CITY, FL 33563	Mailing Address 1605 SOUTH ALEXANDER STREET SUITE 102 PLANT CITY, FL 33563
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2. Principal Place of Business 1501 S. Alexander St.	3. Mailing Address P.O. Box 3566
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc.

City & State Plant City FL	City & State Plant City FL
Zip 33563	Zip 33563
Country	Country



04182006 Chg-LLC CR2E083 (11/05)

4. FEI Number 05-0554379	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, AARON M 1605 SOUTH ALEXANDER STREET SUITE 102 PLANT CITY, FL 33563	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, AARON M 1605 SOUTH ALEXANDER STREET SUITE 102 PLANT CITY, FL 33563 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dan Walden 1501 S. Alexander St., Suite 101 Plant City, FL 33563 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Don C. McDearth</u>	<u>4-18-06</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #