

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000008560

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: TRILIUM DISTRIBUTION, LLC

**Current Principal Place of Business:**

4410 WEST CREST AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4410 WEST CREST AVE  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 04-3636564

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SULLIVAN, STEPHEN C  
315 S. HYDE PARK AVE.  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

SULLIVAN, STEPHEN C  
11603 LIPSEY ROAD  
TAMPA, FL 33618 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: STEPHEN C. SULLIVAN

04/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CUFFE, CRAIG  
Address: 4410 WEST CREST AVE  
City-St-Zip: TAMPA, FL 33614

Title: MGR ( ) Delete  
Name: DUBOIS, JOHN  
Address: 4410 WEST CREST AVE  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES:**

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 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: CRAIG CUFFE

MGR

04/21/2006

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