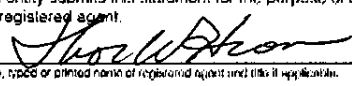


FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90072 001 ****55.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L02000010505					
1. Entity Name TRIDENT DEVELOPMENT GROUP I, LLC					
Principal Place of Business 6150 MANASOTA KEY ROAD ENGLEWOOD, FL 34223			Mailing Address 6150 MANASOTA KEY ROAD ENGLEWOOD, FL 34223		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 82-0576320	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HRON, OLYA I 6150 MANASOTA KEY ROAD ENGLEWOOD, FL 34223			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 		THOR W. HRON		1/19/2004	
Signature, typed or printed name of registered agent and filer if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	☐ Delete	TITLE	Mgr	☐ Change ☒ Addition
NAME	HRON, THOR W		NAME	Luzniak, Lubomir	
STREET ADDRESS	6150 MANASOTA KEY RD		STREET ADDRESS	71 Pinehurst Court	
CITY-ST-ZIP	ENGLEWOOD, FL 34223		CITY-ST-ZIP	Rotonda West, FL 33947	
TITLE		☐ Delete	TITLE	Mgr	☐ Change ☒ Addition
NAME			NAME	Madden, Michael	
STREET ADDRESS			STREET ADDRESS	1726 Fossil Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Englewood, FL 34223	
TITLE		☐ Delete	TITLE	Mgr	☐ Change ☒ Addition
NAME			NAME	Luzniak, Zenon	
STREET ADDRESS			STREET ADDRESS	12631 N.W. 9th Street	
CITY-ST-ZIP			CITY-ST-ZIP	Goral Springs, FL 33071	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		THOR W. HRON		January 19, 2004	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date		Filing Fee \$	