

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90121 035 ***143.75

DOCUMENT # L02000010505

1. Entity Name
TRIDENT DEVELOPMENT GROUP I, LLC



Principal Place of Business

~~6150 MANASOTA KEY ROAD~~
~~ENGLEWOOD, FL 34223~~

201 OSPREY PT. DR.
OSPREY, FL 34229

Mailing Address

~~6150 MANASOTA KEY ROAD~~
~~ENGLEWOOD, FL 34223~~

201 OSPREY PT. DR.
OSPREY, FL 34229



01112008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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
~~6150 MANASOTA KEY ROAD~~
~~ENGLEWOOD, FL 34223~~

201 OSPREY PT. DR.
OSPREY, FL 34229

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HRON, IHOR
6150 MANASOTA KEY ROAD
ENGLEWOOD, FL 34223

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LUZNAK, LUBOMIR
71 PINEHURST COURT
ROTONDA WEST, FL 33947

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MADDEN, MICHAEL
1726 FOSSIL DRIVE
ENGLEWOOD, FL 34223

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
LUZNAK, ZENON
440 BOUNDARY BLVD
ROTONDA WEST, FL 33947

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Ihor W. Hron*, Ihor W. HRON

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

Date

Daytime Phone #

1-28-08 941-270-2413