2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L02000011658

Entity Name: TREVI OFFICE PARTNERS, LLC

Current Principal Place of Business:

201 N. FRANKLIN STREET, SUITE 3200
ATTN: STEVEN M. SAMAHA, ESQ.
TAMPA, FL 33602

New Principal Place of Business:

201 N. FRANKLIN STREET, SUITE 3200
ATTN: STEVEN M. SAMAHA,
TAMPA, FL 33602

Current Mailing Address:

201 N. FRANKLIN STREET, SUITE 3200
ATTN: STEVEN M. SAMAHA, ESQ.
TAMPA, FL 33602

New Mailing Address:

201 N. FRANKLIN STREET, SUITE 3200
ATTN: STEVEN M. SAMAHA,
TAMPA, FL 33602

FEI Number: 04-3666840 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAMAHA, STEVEN M ESQ.
201 N. FRANKLIN STREET, SUITE 2600
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

SAMAHA, STEVEN M ESQ.
201 N. FRANKLIN STREET, SUITE 3200
TAMPA, FL 33602 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: 03/12/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SAMAHA, STEVEN M
Address: STE 3200 ONE TAMPA CITY CENTER
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SAMAHA, STEVEN M
Address: 201 N. FRANKLIN STREET, SUITE 3200
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify 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: STEVEN M. SAMAHA MGRM 03/12/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date