


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000000839 1. Entity Name TRINITY VENTURES I, LLC	
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Principal Place of Business 8800 GRAND OAK CIRCLE, SUITE 400 TAMPA, FL 33637	Mailing Address 8800 GRAND OAK CIRCLE, SUITE 400 TAMPA, FL 33637
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DO NOT WRITE IN THIS SPACE



04132005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 14-1864726	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent POWERS, DAVID J P.A. 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434	DO NOT WRITE IN THIS SPACE
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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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE
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**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCABE, PEGI 8800 GRAND OAK CIR., #400 TAMPA, FL 33637
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04/22/05-80090-022 50.00

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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:  4/14/05 P135586539	DATE	DAYTIME PHONE #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		