2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # L03000006066** 04-01-2004 90221 029 ****50.00 1. Entity Name TRINITY GROUP PROPERTIES, L.L.C. Principal Place of Business Mailing Address 5757 66TH ST. N LOT 1 ST PETERSBURG FL 33709 5757 66TH ST. N LOT 1 ST PETERSBURG FL 33709 34003299 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) 05-055752 Applied For City & State City & State Not Applicable Zip Country Ziρ Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nama TROIANO, VICTOR J Street Address (P.O. Box Number is Not Acceptable) 317 S TENNESSEE AVENUE LAKELAND FL 33801 City 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. (NOTE: Registered Agent aigneture required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Fiorida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MANIATE MEMBER HENRY FORREST TILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Chance TIRLE Delete NAME NAME STREET ADDRESS STREET ADDRESS City-S1-79 CITY-ST-ZIP Delete ☐ Chance ☐ Addition TILLE MLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change = - 🖃 Addition TITLE Delete .गात ह 📖 NAME MUE STREET ADDRESS STREET ADDRESS CATY - ST - ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Chance NAME MALE STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this tiling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATI

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