


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90115 029 \*\*\*\*50.00

<b>DOCUMENT # L03000011688</b> 1. Entity Name <b>TRINVENT GROUP, LLC</b>					
Principal Place of Business <b>1117 WAVERLY ROAD TALLAHASSEE FL 32312</b>			Mailing Address <b>1117 WAVERLY ROAD TALLAHASSEE FL 32312</b>		
2. Principal Place of Business <b>75 NAMON SPEARS RD</b>		3. Mailing Address <b>P.O. Box 14929</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>CRAWFORDVILLE, FL</b>		City & State <b>TALLAHASSEE, FL</b>		4. FEI Number <b>51-0454987</b>	
Zip <b>32327</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WITKOWSKI, LAURA 1117 WAVERLY ROAD TALLAHASSEE FL 32312</b>			7. Name and Address of New Registered Agent Name <b>LAURA WITKOWSKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>75 NAMON SPEARS RD</b> City <b>CRAWFORDVILLE</b> <b>FL</b> Zip Code <b>32327</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
X <b>SIGNATURE: Tim Carroll</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date _____ Daytime Phone # <b>385-5052</b>	