

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90039 007 ****50.00

DOCUMENT # L03000012485

1. Entity Name
TRINITY TOWN CENTER, LLC



60038494

Principal Place of Business
32801 US HWY 19 N
STE 100
PALM HARBOR, FL 34684 US

Mailing Address
32801 US HWY 19 N
STE 100
PALM HARBOR, FL 34684 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152007 Chg-LLC CR2E083 (12/06)

4. FEI Number
75-3110248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CEOD
PLANES, WILLIAM SR
32801 US HWY 19 N STE 100
PALM HARBOR, FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
PLANES, REGINA M
32801 US HWY 19 N STE 100
PALM HARBOR, FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SVD
WHITE, LANGFRED W
2094 ASHBURY DR
CLEARWATER, FL 33764 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VT
PLANES, WILLIAM II
32801 US HWY 19 N STE 100
PALM HARBOR, FL 34684 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SECRETARY
32815 US HWY 19 No.
PALM HARBOR, FL 34684 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TREAS, DIR ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SR, VP
PAUL AIELLO
32801 US HWY 19 N, STE 100
PALM HARBOR, FL 34684 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
SHEAWN BROWN
32801 US HWY 19 N, STE 100
PALM HARBOR, FL 34684 ☐ Change ☒ Addition

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:

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

Date

Daytime Phone #