

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026732

FILED
Apr 28, 2009
Secretary of State

Entity Name: THE TRINITY DEVELOPMENT GROUP, LTD. CO.

Current Principal Place of Business:

5961 GOLDEN OAKS LANE
NAPLES, FL 341191215

New Principal Place of Business:

Current Mailing Address:

5961 GOLDEN OAKS LANE
NAPLES, FL 341191215

New Mailing Address:

5961 GOLDEN OAKS LANE
KATHRYNBICKFORD@COMCAST.NET
NAPLES, FL 341191215

FEI Number: 54-2128301

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BICKFORD, KATHRYN
5961 GOLDEN OAKS LN
NAPLES, FL 341191215 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BICKFORD, KATHRYN
Address: 5961 GOLDEN OAKS LN
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: WISHTISCHIN, DAVID
Address: 5961 GOLDEN OAKS LN
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BICKFORD, KATHRYN N MGRM
Address: 5961 GOLDEN OAKS LN
City-St-Zip: NAPLES, FL 34119

Title: MGRM (X) Change () Addition
Name: WISHTISCHIN, DAVID W MGRM
Address: 5961 GOLDEN OAKS LN
City-St-Zip: NAPLES, FL 34119

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: KATHRYN BICKFORD

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date