

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000027184

1. Entity Name  
TREVETT HOLDINGS, LLC



Principal Place of Business  
10501 CROMWELL GROVE TERRACE  
ORLANDO, FL 32827

Mailing Address  
10501 CROMWELL GROVE TERRACE  
ORLANDO, FL 32827

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

04152004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**01-0793585**

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

FILDES, RICHARD J  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801

Name **David Trevett**

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

**10501 Cromwell Grove Terrace  
Orlando FL 32827**

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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **President/Manager**  
STREET ADDRESS **David H. Trevett**  
CITY-ST-ZIP **10501 Cromwell Grove Terrace**  
**Orlando, FL 32827**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *David H. Trevett*

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

*4/23/04 407/51-3808*

Date

Daytime Phone #