

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90045 004 \*\*\*\*50.00

**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**

**34005673**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **David Trevett**

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

**10501 Cromwell Grove Terrace**

City **Orlando**

FL

Zip Code **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 re-registering)

DATE

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
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STREET ADDRESS  
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TITLE NAME ☐ Change ☐ Addition  
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:

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

**4/23/04 407/351-7808**

Date

Daytime Phone #