

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90047 045 ****50.00

DOCUMENT # L03000028548					
1. Entity Name TRIDENT GLOBAL MANAGEMENT GROUP LLC					
Principal Place of Business 11 EAST FORSYTH STREET SUITE 308 JACKSONVILLE, FL 32202			Mailing Address 11 EAST FORSYTH STREET SUITE 308 JACKSONVILLE, FL 32202		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 1882 HICKORY LANE		Suite, Apt. #, etc. 1882 HICKORY LANE			
City & State ATLANTIC BEACH, FLORIDA		City & State ATLANTIC BEACH, FLORIDA			
Zip 32233	Country USA	Zip 32233	Country USA		
4. FEI Number 13-4259730			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent JACKSON, ROBERT E 11 EAST FORSYTH STREET SUITE 308 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name: <u>DAVID W. RICHARDSON</u> Street Address (P.O. Box Number is Not Acceptable) 1882 HICKORY LANE City: <u>ATLANTIC BEACH,</u> FL Zip Code: <u>32233</u>		
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 registering)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, ROBERT E P.O. BOX 1724 PONTE VEDRA BEACH, FL 32004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, ROBERT E. 1045 Oak St. Apt. 1807 JACKSONVILLE, FL 32204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, DAVID W PO BOX 1724 PONTE VEDRA BEACH, FL 32004		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHARDSON, DAVID W 1882 HICKORY LANE ATLANTIC BEACH, FL 32233	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, ROBERT T 800 LOBLOLLY DRIVE VASS, NC 28394		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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: _____			Date: <u>4/20/05</u> Daytime Phone #: <u>904-246-5959</u>		