

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028808

FILED
Jul 10, 2006
Secretary of State

Entity Name: TRILOGY PARTNERS, L.L.C.

Current Principal Place of Business:

5685 ENGLISH TURN DRIVE
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9565
PENSACOLA, FL 32513

New Mailing Address:

FEI Number: 56-2407104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STRICKLER, JOHN D
PO BOX 9565
PENACOLA, FL, FL 32513 US

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: STRICKLER, JOHN D
Address: 5685 ENGLISH TURN DRIVE
City-St-Zip: PACE, FL 32571

Title: MGRM () Delete
Name: DULION, LEON V III
Address: 3976 SUNNY MANOR CIRCLE
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN STRICKER

MGRM

07/10/2006

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