

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033419

Entity Name: TRIO MORTGAGE, LLC

FILED
Feb 06, 2004
Secretary of State

Current Principal Place of Business:

8695 COLLEGE PARKWAY
SUITE 214
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

8695 COLLEGE PARKWAY
SUITE 214
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 20-0197743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWETT, HOWARD A
1625 HENDRY STREET
SUITE 301
FORT MYERS, FL 33901 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/MEMBERS:

Title: MGRM () Delete
Name: DESANTO, HEATHER L
Address: 21438 SHERIDAN RUN
City-St-Zip: ESTERO, FL 33928

Title: MGRM () Delete
Name: DESANTO-COHEN, JOANNE M
Address: 924 SE 22ND STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM () Delete
Name: HOLLY, SUSAN E
Address: 21370 LANCASTER RUN, UNIT 1612
City-St-Zip: ESTERO, FL 33928

Title: MGRM (X) Delete
Name: ELLIOTT, JONAS N
Address: 14446 REFLECTION LAKES DR.
City-St-Zip: FORT MYERS, FL

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: HOLLY, SUSAN E
Address: 21300 LANCASTER RUN, UNIT 921
City-St-Zip: ESTERO, FL 33928

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 Section 119.07(3)(i), 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: SUSAN HOLLY

MGRM

02/06/2004

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