

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004701

Entity Name: TRILLIUM HOLDINGS LLC

FILED  
Apr 30, 2008  
Secretary of State

**Current Principal Place of Business:**

6133 DELTONA BLVD  
SPRING HILL, FL 34606 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1989  
LUTZ, FL 335481989 US

**New Mailing Address:**

FEI Number: 20-0624441

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KULKARNI, SUHAS  
10537 CORY LAKE DRIVE  
TAMPA, FL 33647 US

**Name and Address of New Registered Agent:**

KULKARNI, SUHAS  
27532 BREAKERS DRIVE  
WESLEY CHAPEL, FL 33544 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:

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KULKARNI, SUHAS  
Address: 10537 CORY LAKE DRIVE  
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM ( ) Delete  
Name: MOSS, MICHAEL  
Address: 10537 CORY LAKE DRIVE  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KULKARNI, SUHAS  
Address: 27532 BREAKERS DRIVE  
City-St-Zip: WESLEY CHAPEL, FL 33544 US

Title: MGRM (X) Change ( ) Addition  
Name: MOSS, MICHAEL  
Address: 10370 WOODLAND WATERS BLVD  
City-St-Zip: WEEKI WACHEE, FL 34613 US

I hereby certify that the information supplied with this filing does not qualify 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: SUHAS KULKARNI

MGRM

04/30/2008

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