

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000013171

FILED
Apr 15, 2005
Secretary of State

Entity Name: TRINITY, LLC

Current Principal Place of Business:

P.O. BOX 41111
JACKSONVILLE, FL 322031111

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 41111
JACKSONVILLE, FL 322031111

New Mailing Address:

FEI Number: 20-0889649

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, HOWARD JR
12564 SAMPSON RD
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

MILLER, HOWARD PRES.
12564 SAMPSON RD
JACKSONVILLE, FL 32218 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: HOWARD MILLER

04/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MILLER, HOWARD PRES.
Address: 12564 SAMPSON RD.
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM () Change (X) Addition
Name: MILLER, MARY M VPRES.
Address: 12564 SAMPSON RD.
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGRM () Change (X) Addition
Name: MILLER, KAREN L VPRES.
Address: 7860 CHASE MEADOW DR.
City-St-Zip: JACKSONVILLE, FL 32256 US

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: HOWARD MILLER

MGRM

04/15/2005

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