


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


<b>DOCUMENT # L04000019792</b> 1. Entity Name TRILEEN, LLC	
--	---

Principal Place of Business 14013 SPRUCE CREEK LANE ORLANDO, FL 32823	Mailing Address 14013 SPRUCE CREEK LANE ORLANDO, FL 32823
---	---

DO NOT WRITE IN THIS SPACE

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 SEP 19 AM 11:07



07292008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 55-0860232	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TROY, PETERSON L  
 14013 SPRUCE CREEK LN  
 ORLANDO, FL 32828

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.  
**Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERSON, TROY L 14013 SPRUCE CREEK LANE ORLANDO, FL 32823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERSON, EILEEN M 14013 SPRUCE CREEK LANE ORLANDO, FL 32823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

000136147480  
09/19/08--01036--001 \*\*150.00

[Handwritten Signature]

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Handwritten Signature]      9/10/08      407-382-2371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #