2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036864

City-St-Zip:

Entity Name: TRIVIUM ENTERPRISES, LLC

FILED Mar 20, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
Current	illicipai riace	or Business.	New Fillio	cipai i lace oi business.	
	WATERFORD OD, FL 32779	PLACE			
Current Mailing Address:			New Mailing Address:		
	WATERFORD OD, FL 32779	PLACE			
FEI Number:	41-2137982	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status	Desired ()
Name and	Address of C	urrent Registered Agent:	Name and	l Address of New Registered Ag	jent:
515 E. PAF		RESEARCH, LTD., INC.			
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	its registered office or registered a	igent, or both
SIGNATUR					
	Electroni	c Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	HEAFY, MATTHE 404 NEW WATE LONGWOOD, F	RFORD PLACE L 32779	Title: Name: Address: City-St-Zip:	MGRM (X) Change () Addition HEAFY, MATTHEW K MR 404 NEW WATERFORD PLACE LONGWOOD, FL 32779	
Title: Name: Address: City-St-Zip:	MGRM () BEAULIEU, COF 404 NEW WATE LONGWOOD, F	RFORD PLACE	Title: Name: Address: City-St-Zip:	MGRM (X) Change () Addition BEAULIEU, COREY K MR 404 NEW WATERFORD PLACE LONGWOOD, FL 32779	
Title: Name: Address: City-St-Zip:	SMITH, TRAVIS 804 RIO ALA MA	Delete NO DRIVE PRINGS, FL 32714	Title: Name: Address: City-St-Zip:	MGRM (X) Change () Addition SMITH, TRAVIS L MR 804 RIO ALA MANO DRIVE ALTAMONTE SPRINGS, FL 32714	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MGRM () Change (X) Addition GREGOLETTO, PAOLO F MR 19 SW 3RD STREET POMPANO BEACH, FL 33060	
Title: Name: Address:	()	Delete	Title: Name: Address:	MGR () Change (X) Addition HEAFY, BRIAN B 404 NEW WATERFORD PLACE	

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.

City-St-Zip:

LONGWOOD, FL 32779

SIGNATURE: BRIAN B. HEAFY MGR 03/20/2008