

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000041825**

**1. Entity Name**  
**TRINITY ALLIANCE, LLC**



**Principal Place of Business**  
**950/956 NORTH COCOA BLVD.**  
**COCOA, FL 32922**

**Mailing Address**  
**1600 SARNO RD. STE 113**  
**MELBOURNE, FL 32935 US**

**DO NOT WRITE IN THIS SPACE**



01132007 No Chg-LLC

CR2E083 (11/05)

**4. FEI Number**  
**20-1195685**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**JM REAL ESTATE, INC.**  
**1600 SARNO RD., SUITE 113**  
**MELBOURNE, FL 32935**

**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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGR</b> <b>HEALY, NEIL</b> <b>TOOME DRING CO.</b> <b>LONGFORD, IRELAND,</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>HEALY, NEIL</b> <b>TOOME DRING CO.</b> <b>LONGFORD, IRELAND,</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>HEALY, TADHG</b> <b>334/336 WEST 46TH STREET</b> <b>MANHATTAN, NY 10036</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <b>MULROONEY, DARRAGH</b> <b>82 NEW CABRA ROAD</b> <b>PHIBSBORO, DUBLIN 7, IRELAND,</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

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01/18/07-80073-002 50.00

**DO NOT WRITE  
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**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Michael McDonald

Date

1/12/07

Daytime Phone #

321-308-8080