


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000043230 |  |
| 1. Entity Name TRIMAR INVESTOR GROUP 8, L.L.C. | |

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|---|---|
| Principal Place of Business 3309 WHITELEAF CIRCLE PENSACOLA, FL 32504 | Mailing Address 3309 WHITELEAF CIRCLE PENSACOLA, FL 32504 |
|---|---|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02212008 Chg-LLC CR2E083 (12/06)

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|---|--|--|
| 4. FEI Number 20-1205408 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | | | |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| LEUCHTMAN, GARY B 501 COMMENDENCIA STREET PENSACOLA, FL 32502 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

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

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ALLCOTT CAPITAL PARTNERS, INC. 3309 WHITELEAF CIRCLE PENSACOLA, FL 32504 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000000858171 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/01/08-80033-020 138.75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Porty J. Bruce* **2-2201 850-477-8357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #