

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056970

FILED
Feb 08, 2006
Secretary of State

Entity Name: TRIDENT SECURITY ASSOCIATES, LLC

Current Principal Place of Business:

7617 DESERT WAY INN WAY
BRADENTON, FL 34202

New Principal Place of Business:

Current Mailing Address:

7320 EAST FLETCHER STREET
HIDDEN RIVER CORPORATE PARK
TAMPA, FL 33637

New Mailing Address:

8724 E. STATE ROAD 70
BRADENTON, FL 34202 US

FEI Number: 20-1454255

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, DAVID P
2201 RINGLING BLVD., SUITE 104
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERRIOS, HECTOR JOSE
Address: 7617 DESERT INN WAY
City-St-Zip: BRADENTON, FL 34202

Title: MGRM () Delete
Name: GUSTAFSON, ERIC LEE
Address: 2810 FAILLING LEAVES DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: WEEDON, WARREN
Address: 2714 HERNDON STREET
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: HECTOR JOSE BERRIOS

MGRM

02/08/2006

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