

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000057090

1. Entity Name

TRINITY DEVELOPMENT OF FLORIDA, LLC



Principal Place of Business

% KIRBY CHRITTON ESQ., ROGERS, TOWERS PA
1301 RIVERPLACE BLVD, SUITE 1500
JACKSONVILLE, FL 32207

Mailing Address

% KIRBY CHRITTON ESQ., ROGERS, TOWERS PA
1301 RIVERPLACE BLVD, SUITE 1500
JACKSONVILLE, FL 32207



03012006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-1443192

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CHRITTON, J. KIRBY
1301 RIVERPLACE BLVD
JACKSONVILLE, FL 32207

**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, 2006**

000000455800
03/16/06-00006-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SMITH, TAYLOR
STREET ADDRESS 1819 GOODWIN STREET
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE MGRM
NAME SMITH, MCDONALD
STREET ADDRESS 1819 GOODWIN STREET
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

2/24/06 904/388-4448
Date Daytime Phone