

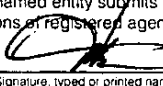



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90078 045 ****50.00

DOCUMENT # L04000060225 1. Entity Name TRINITY 54, L.L.C.					
Principal Place of Business 32845 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684			Mailing Address 32845 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684		
2. Principal Place of Business 25400 U.S. HWY 19 N.		3. Mailing Address P.O. Box 66			
Suite, Apt. #, etc. SUITE 116		Suite, Apt. #, etc. 			
City & State CLEARWATER FL		City & State OZONA FL			
Zip 33763		Country US		4. FEI Number 20-1560406	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		08012006 Chg-LLC CR2E083 (11/05)		Applied For Not Applicable	
6. Name and Address of Current Registered Agent DUNBAR, DAVID W 32845 U.S. HIGHWAY 19 NORTH PALM HARBOR, FL 34684				7. Name and Address of New Registered Agent Name DAVID W. DUNBAR Street Address (P.O. Box Number is Not Acceptable) 80 SHORE DRIVE City PALM HARBOR FL Zip Code 34683	
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  DAVID W. DUNBAR DATE 8/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANDON, DAVID L. 557 AH 19 PALM HARBOR, FL 34683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, DAVID 3483 AH 19 PALM HARBOR, FL 34683	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KALTENBACH, DONALD 2803 FRUITVILLE RD SARASOTA, FL 34237	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEAHAN, LARRY 31622 US 19 PALM HARBOR, FL 34684	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNBAR, DAVID W P.O. BOX 66 OZONA, FL 34660	<input type="checkbox"/> Delete			
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:  DAVID W. DUNBAR		DATE: 8/10/06		DAYTIME PHONE: 727 490 4101	