2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060225

Entity Name: TRINITY 54, L.L.C.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SARASOTA, FL 34237

PALM HARBOR, FL 34684

LEAHAN, LARRY

31622 US 19

() Delete

MGRM

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 25400 U.S. HWY 19 N 8249 KRISTEL CIRCLE SUITE 116 PORT RICHEY, FL 34668 CLEARWATER, FL 33763 **New Mailing Address: Current Mailing Address:** 557 ALTERNATE 19 NORTH 8249 KRISTEL CIRCLE PALM HARBOR, FL 34683 PORT RICHEY, FL 34668 FEI Number: 20-1560406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRANDON, DAVID L TAMPA BAY PROPERTY MANAGEMENT, INC. 557 ALT, 19 NORTH 8249 KRISTEL CIRCLE PALM HARBOR, FL 34683 US PORT RICHEY, FL 34668 US 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: JAMIE K. MICK 04/15/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BRANDON, DAVID L Name: Name: 557 ALT, 19 NORTH Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: MGRM Title: () Delete () Change () Addition NELSON, DAVID Name: Name: Address: 3483 AH 19 Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition KALTENBACH, DONALD Name: Name: Address: 2803 FRUITVILLE RD Address:

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

City-St-Zip:

() Change () Addition

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JAMIE K. MICK AGT 04/15/2009