

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066922

FILED  
Mar 07, 2006  
Secretary of State

**Entity Name:** TRINITY GLOBAL FINANCIAL GROUP PLLC

**Current Principal Place of Business:**

1609 BRANCH STREET  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

1609 BRANCH STREET  
TALLAHASSEE, FL 32303

**New Mailing Address:**

P. O. BOX 3727  
TALLAHASSEE, FL 323153727

**FEI Number:** 30-0269781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MICHELLE PATRICE STEPHENS  
1609 BRANCH STREET  
TALLAHASSEE, FL 32303 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: MICHELLE PATRICE STEPHENS  
Address: 1609 BRANCH STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete  
Name: GWENDOLYN MELINDA MI, CHELLE EVANS  
Address: 1609 BRANCH STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete  
Name: ERICA SIMONE WILLIAM, S  
Address: 1609 BRANCH STREET  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES:**

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

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

Title: MGRM (X) Change ( ) Addition  
Name: ERICKA SIMONE WILLIA, MS  
Address: 1609 BRANCH STREET  
City-St-Zip: TALLAHASSEE, FL 32303

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: GWENDOLYN EVANS

MGRM

03/07/2006

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