



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2005 8:00 am
Secretary of State

05-16-2005 90040 049 ****50.00

DOCUMENT # L04000074559 1. Entity Name TRINITY DEVELOPMENT LLC			
Principal Place of Business 1901 SE ESTERBROOK ST PORT ST. LUCIE, FL 34983		Mailing Address 1901 SE ESTERBROOK ST PORT ST. LUCIE, FL 34983	
2. Principal Place of Business <i>2908 Serenity Circle S.</i>		Mailing Address <i>2908 Serenity Circle S.</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Fort Pierce FL</i>		City & State <i>Fort Pierce FL</i>	
Zip <i>34981</i>		Zip <i>34981</i>	
Country 		Country 	
3. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		4. FEI Number <i>27-0112828</i>	
Applied For Not Applicable		Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent FORTUN, JOSEPH M 1901 SE ESTERBROOK ST PORT ST. LUCIE, FL 34983		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>2908 Serenity Circle S.</i> City <i>Fort Pierce</i> FL Zip Code <i>34981</i>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTUN, JOSEPH M 1901 SE ESTERBROOK ST PORT ST. LUCIE, FL 34983	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>2908 Serenity Circle S Fort Pierce FL 34981</i>
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
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
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
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
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 exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #