2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000074559

1. Entity Name
TRINITY DEVELOPMENT LLC



FILED
May 05, 2006 08:00 A
Secretary of State

Principal Place of Business

2908 SERINITY CIRCLE S FORT PIERCE, FL 34981 Mailing Address

2908 SERINITY CIRCLE S FORT PIERCE, FL 34981



04132006 No Chq-LLC

CR2E083 (11/05)

4. FEI Number 27-0112828

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

FORTUN, JOSEPH M 2908 SERINITY CIRCLE S FORT PIERCE, FL 34981

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. |
| | |
| _ | |

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

| TITLE MGRM NAME FORTUN, JOSEPH M STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34981 TITLE NAME STREET ADDRESS CITY-ST-ZIP |
|---|
| NAME STREET ADDRESS |
| U117-31-21F |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |

U00000564030 05/20/06-80037-025 50.00

05/20/06-80037-026 5.00

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 THO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/66

772.370.6042

Daytime Phone ∉