2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000080664

1. Entity Name
FLORIDA TRIAL GROUP, PL

20005110

Principal Place of Business	Mailing Address
923 NEUSE AVENUE ORLANDO, FL 32804 US	P.O. BOX 2746 ORLANDO, FL 32802 US

01192005   Chg-LLC   CR2E083 (10/03)

2. Principal Place of Business
740 N Magnolia Ave
Suite, Apt. #, etc.

3. Mailing Address
740 N. Magnolia Ave
Suite, Apt. #, etc.

City & State Orlando FL

City & State Orlando FL

4. FEI Number 20-1848795

☐ Applied For
☐ Not Applicable

Zip 32803 | Country USA

Zip 32803 | Country USA

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BERENGUER, ELIZABETH E
923 NEUSE AVENUE
ORLANDO, FL 32804

7. Name and Address of New Registered Agent

Name ELIZABETH E. BERENGUER
Street Address (P.O. Box Number is Not Acceptable)
740 N. MAGNOLIA AVE

City ORLANDO   FL   Zip Code 32803

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 _____ ELIZABETH E. BERENGUER, MGRM 1/24/05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS / MANAGERS		10.	ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERENGUER, ELIZABETH E 923 NEUSE AVENUE ORLANDO, FL 32804	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	740 N. Magnolia Ave Orlando FL 32803	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORNSBY, RICHARD E 3036 EGLINGTON DRIVE ORLANDO, FL 32806	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	740 N. Magnolia Ave Orlando FL 32803	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: _____ ELIZABETH E. BERENGUER 1/24/05 407 540 1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #