

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090509

Entity Name: WMC TRINITY LLC

FILED  
Jan 08, 2006  
Secretary of State

**Current Principal Place of Business:**

424 GOLDEN ELM DRIVE  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

424 GOLDEN ELM DRIVE  
SEFFNER, FL 33584

**New Mailing Address:**

FEI Number: 20-2017788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: MGR ( ) Delete  
Name: WHITE, WILLIAM  
Address: 424 GOLDEN ELM DRIVE  
City-St-Zip: SEFFNER, FL 33584

Title: MGR ( ) Delete  
Name: WHITE, WILLIAM  
Address: 424 GOLDEN ELM DRIVE  
City-St-Zip: SEFFNER, FL 33584

Title: MGR ( ) Delete  
Name: WHITE, MARILYN  
Address: 424 GOLDEN ELM DRIVE  
City-St-Zip: SEFFNER, FL 33584

**ADDITIONS/CHANGES:**

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

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

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

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: MARILYN WHITE

MGR

01/08/2006

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