

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L05000009795**

1. Entity Name  
TRINITY MANAGEMENT GROUP, L.L.C.



Principal Place of Business

PO BOX 160113  
MIAMI, FL 33116-0113

Mailing Address

PO BOX 160113  
MIAMI, FL 33116-0113



04012006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1922938

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

KRIEGER, K. JOSEPH  
1700 N. MONROE STREET STE. 11-113  
TALLAHASSEE, FL 32303

**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.

SIGNATURE \_\_\_\_\_

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME EVERINGHAM, PHIL  
STREET ADDRESS 2602 SAN DOMINGO  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE MGRM  
NAME YOURIST, JAY  
STREET ADDRESS PO BOX 160113  
CITY-ST-ZIP MIAMI, FL 331160113

TITLE MGRM  
NAME DILWORTH, LEX  
STREET ADDRESS PO BOX 29  
CITY-ST-ZIP GUM SPRING, VA 230650029

TITLE MGRM  
NAME LATIF, ZUHAIR  
STREET ADDRESS 872 CREEK BEND DRIVE  
CITY-ST-ZIP VERNON HILLS, IL 60061

TITLE MGRM  
NAME KRIEGER, JOSEPH  
STREET ADDRESS 1700 N. MONROE ST. STE 11-113  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGRM  
NAME CHAAR, LOUAY  
STREET ADDRESS P.O. BOX 16-1945  
CITY-ST-ZIP MIAMI, FL 331121945

UD00000519629  
05/02/06-80061-018 50.00

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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:** *Philip B. Everingham* **MANAGING MEMBER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/17/06*  
Date

*305-951-9096*  
Daytime Phone #