

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009795

FILED  
Apr 28, 2007  
Secretary of State

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

## Current Principal Place of Business:

PO BOX 160113  
MIAMI, FL 331160113

## New Principal Place of Business:

10655 N. W. 29 TERRACE  
MIAMI, FL 33172

## Current Mailing Address:

PO BOX 160113  
MIAMI, FL 331160113

## New Mailing Address:

10655 N. W. 29 TERRACE  
MIAMI, FL 33172

FEI Number: 14-1922938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KRIEGER, K. JOSEPH  
1700 N. MONROE STREET STE. 11-113  
TALLAHASSEE, FL 32303 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: MGRM ( ) Delete  
Name: EVERINGHAM, PHIL  
Address: 2602 SAN DOMINGO  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: YOURIST, JAY  
Address: PO BOX 160113  
City-St-Zip: MIAMI, FL 331160113

Title: MGRM (X) Delete  
Name: DILWORTH, LEX  
Address: PO BOX 29  
City-St-Zip: GUM SPRING, VA 230650029

Title: MGRM ( ) Delete  
Name: LATIF, ZUHAIR  
Address: 872 CREEK BEND DRIVE  
City-St-Zip: VERNON HILLS, IL 60061

Title: MGRM ( ) Delete  
Name: KRIEGER, JOSEPH  
Address: 1700 N. MONROE ST. STE 11-113  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM ( ) Delete  
Name: CHAAR, LOUAY  
Address: P.O. BOX 16-1945  
City-St-Zip: MIAMI, FL 331121945

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: EVERINGHAM, PHILIP B  
Address: 2602 SAN DOMINGO  
City-St-Zip: CORAL GABLES, FL 33134

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

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

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 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: PHILIP B. EVERINGHAM

COO

04/28/2007

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