2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009795

Address:

City-St-Zip:

1700 N. MONROE ST. STE 11-113

TALLAHASSEE, FL 32303

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

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
1825 PON SUITE 172		BOULEVARD		
	- ABLES, FL 33	3134		
Current Mailing Address:			New Mailing Address:	
SUITE 172	2	BOULEVARD		
CORAL G	ABLES, FL 33	3134		
FEI Number	: 14-1922938	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
2602 SAN	HAM, PHILIP E DOMINGO ST ABLES, FL 33	TREET		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both
SIGNATU	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	EVERINGHAM	MINGO STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (YOURIST, JAY PO BOX 1601 MIAMI, FL 33	13	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (LATIF, ZUHAIF 872 CREEK BI VERNON HILL	END DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM (KRIEGER, JOS) Delete SEPH	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: PHILIP B. EVERINGHAM MGRM 04/26/2009