2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

FILED
Jun 21, 2006 8:00 am
Secretary of State

05-01-2006 90077 014 ****50.00

3001001

04172006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000010427

1. Entity Name
THE TRINITY FINANCIAL GROUP, LLC

Principal Place of Business	Mailing Address
3679 WEBBER STREET SARASOTA, FL 34232	3679 WEBBER STREET SARASOTA, FL 34232

2. Principal Place of Business	3. Mailing Address
3650 WEBBER STREET	P.O. BOX 17051
Suite, Apt. #, etc. H	Suite, Apt. #, etc.
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34232 Country SARASOTA	Zip 34276 Country SARASOTA

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

THE FLORIDA PLANNING GROUP, LLC
3679 WEBBER STREET
SARASOTA, FL 34232

7. Name and Address of New Registered Agent

Name John E. Napolitano, P.A.
Street Address (P.O. Box Number is Not Acceptable)
100 Wallace Ave #240
City Sarasota FL Zip Code 34237

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 ________________ 4-21-06
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE BUSK, JERRY A ~~3679 WEBBER STREET~~ ~~SARASOTA, FL 34232~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3650 WEBBER STREET SARASOTA, FL 34276	☒ 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
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 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 ________ JERRY A. DE BUSK 4/21/06 941-504-3466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #