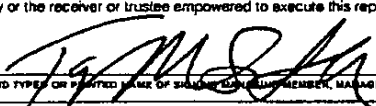


FILED
May 03, 2006 8:00 am
Secretary of State

04-17-2006 90042 029 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

4/1

DOCUMENT # L05000018681			
1. Entity Name TRINITY DEVELOPMENT OF BROWARD, LLC			
Principal Place of Business % KIRBY CHRITTON, ESQ., ROGERS, TOWERS PA 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE, FL 32207		Mailing Address % KIRBY CHRITTON, ESQ., ROGERS, TOWERS PA 1301 RIVERPLACE BLVD. SUITE 1500 JACKSONVILLE, FL 32207	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4670495		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04112006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent CHRITTON, J. KIRBY 1301 RIVERPLACE BLVD. JACKSONVILLE, FL 32207		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reissuing) 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 MANAGER TAYLOR M. SMITH 1819 GOODWIN ST. JACKSONVILLE, FL 32204	☐ 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
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: 		4/11/06 904-388-4148	
SIGNATURE AND TYPE OR PRINTED NAME OF SHAREHOLDER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone	