

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032064

FILED
Mar 17, 2008
Secretary of State

Entity Name: TRINITY MANAGEMENT, LLC

Current Principal Place of Business:

3500 MONDOVI CT., 722
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

PO BOX 511715
PUNTA GORDA, FL 339511715

New Mailing Address:

C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 87-0742955

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARLICK, THOMAS B ESQ.
C/O GARLICK, STETLER & PEEPLES, LLP
5551 RIDGEWOOD DRIVE, SUITE 101
NAPLES, FL 341082718 US

Name and Address of New Registered Agent:

HACKETT II, JACK O ESQ.
FARR LAW FIRM
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

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: JACK O. HACKETT II

03/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHAVE, TIMOTHY L
Address: 2995 41ST STREET S.W.
City-St-Zip: NAPLES, FL 34116

Title: MGRM () Delete
Name: VIGLIOTTI, ROBERT
Address: P.O. BOX 111236
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHAVE, TIMOTHY L
Address: P.O. BOX 511715
City-St-Zip: PUNTA GORDA, FL 339511715

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: TIMOTHY L. SHAVE

MGRM

03/17/2008

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