

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 20, 2007 8:00 am**  
**Secretary of State**

08-20-2007 90182 048 \*\*\*\*\*50.00

<b>DOCUMENT # L05000036708</b>					
<b>1. Entity Name</b> TRINITY MATERIALS, LLC					
<b>Principal Place of Business</b> 100 WEST BAY ST., 6TH FL JACKSONVILLE, FL 32202			<b>Mailing Address</b> 100 WEST BAY ST., 6TH FL JACKSONVILLE, FL 32202		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-2682865	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GLAZIER & GLAZIER, P.A. 8825 PERIMETER PARK BLVD. SUITE 504 JACKSONVILLE, FL 32216			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable					
DATE					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS / MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MAPLES, JAMES M JR 100 WEST BAY ST., 6TH FL JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete	<b>10. ADDITIONS/CHANGES</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO BARRETTO, ANTONIO C 100 WEST BAY ST., 6TH FL JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Crouch, Christopher 100 West Bay St., 6th FL Jacksonville, FL 32202	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRITZ, DANIEL R 100 WEST BAY ST., 6TH FL JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO Brady, Doug 100 West Bay St., 6th Floor Jacksonville, FL 32202	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					

60054901



08092007 Chg-LLC CR2E083 (12/06)

**FILED**  
AUG 15 2007