

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90192 030 ****50.00

DOCUMENT # L05000048311

1. Entity Name
TRINITY NORTH PROFESSIONAL CENTER, LLC



Principal Place of Business
4821 U.S. HIGHWAY 19, SUITE 3
NEW PORT RICHEY, FL 34652

Mailing Address
4821 U.S. HIGHWAY 19, SUITE 3
NEW PORT RICHEY, FL 34652

40041840



2. Principal Place of Business

6611 US Hwy 19

3. Mailing Address

Suite, Apt. #, etc.

STE 501

Suite, Apt. #, etc.

City & State

NPR FL

City & State

Zip

34652

Country

USA

Zip

Country

03202006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2849763

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KALOGIANIS, CONSTANTINE
4821 U.S. HIGHWAY 19, SUITE 3
NEW PORT RICHEY, FL 34652

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 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
KALOGIANIS, CONSTANTINE
4821 U.S. HIGHWAY 19, SUITE 3
NEW PORT RICHEY, FL 34652

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
FERRANDINO, JOSEPH P
4200 MCCLUNG DRIVE
NEW PORT RICHEY, FL 34653

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
TSIOUKANARAS, THEOHARIS
5024 CALASH DRIVE
NEW PORT RICHEY, FL 34652

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
SAMARTZIS, PANAGIOTIS
6833 KINGSTREE COURT
PORT RICHEY, FL 34668

☐ 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:

[Signature]

3/27/06 (727) 992-9535

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #