

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048311

FILED
Apr 30, 2008
Secretary of State

Entity Name: TRINITY NORTH PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

6611 US HWY 19
STE 507
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

8520 GOVERNMENT DR
STE 1
NEW PORT RICHEY, FL 34652

Current Mailing Address:

4200 MCCLUNG DR
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 20-2849763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KALOGIANIS, CONSTANTINE
Address: 4821 U.S. HIGHWAY 19, SUITE 3
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: FERRANDINO, JOSEPH P
Address: 4200 MCCLUNG DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGRM () Delete
Name: TSIUKANARAS, THEOHARIS
Address: 5024 CALASH DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM () Delete
Name: SAMARTZIS, PANAGIOTIS
Address: 6833 KINGSTREE COURT
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSEPH P FERRANDINO

MGR

04/30/2008

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