## LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # LOS 0000 622 85 1. Entity Name

TRIDENT SAILONS ENT., LLC



## FILED Aug 24, 2006 8:00 am Secretary of State

08-24-2006 90002 001 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business 3. Mailing Address 356 LOST ACKE RO Same Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083B (8/05) City & State SAME 20 - 3040172 Applied For City & State Iren Cour Springs Not Applicable Country Zip Country \$5.00 Additional 32043 5. Certificate of Status Desired SAML SAME 7. Name and Address of Current Registered Agent RANK ---ALCO DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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. SIGNATÜRE Signature, typed or printed name of registered agent and title if applicable. FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. GWNER-TRIDENT SAILORS EUT., LLC TITLE JOEL FIACLO 1356 LOST HERE ED STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Green Cove Springs FL 32043 TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytume Phone #