

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064564

FILED
Jul 17, 2007
Secretary of State

Entity Name: TRINITY APARTMENTS, LLC

Current Principal Place of Business:

C/O THOMAS V. MCLAUGHLIN
7647 SOUTHAMPTON TERRACE, D-318
TAMARAC, FL 333219118

New Principal Place of Business:

C/O MARILYN MCLAUGHLIN
7647 SOUTHAMPTON TERRACE, D-318
TAMARAC, FL 333219118

Current Mailing Address:

C/O THOMAS V. MCLAUGHLIN
7647 SOUTHAMPTON TERRACE, D-318
TAMARAC, FL 333219118

New Mailing Address:

C/O MARILYN MCLAUGHLIN
7647 SOUTHAMPTON TERRACE, D-318
TAMARAC, FL 333219118

FEI Number: 11-3775700 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCLAUGHLIN, THOMAS V
7647 SOUTHAMPTON TERRACE, D-318
TAMARAC, FL 333219118 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCLAUGHLIN, THOMAS V
Address: 7647 SOUTHAMPTON TERRACE, D-318
City-St-Zip: TAMARAC, FL 333219118

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCLAUGHLIN, MARILYN
Address: 7647 SOUTHAMPTON TERRACE, D-318
City-St-Zip: TAMARAC, FL 333219118

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: MARILYN MCLAUGHLIN

MGR

07/17/2007

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