

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071484

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** TRINITY INVESTMENT GROUP OF LAND O'LAKES, LLC

**Current Principal Place of Business:**

17501 N. PALMS VILLAGE PLACE  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

17501 N. PALMS VILLAGE PLACE  
TAMPA, FL 33647 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET  
SUITE 205  
RIVERVIEW, FL 33569 US

**Name and Address of New Registered Agent:**

LASMAN LAW FIRM, P.A.  
6152 DELANCEY STATION STREET  
SUITE 205  
RIVERVIEW, FL 33578 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: JEFFREY M. LASMAN

04/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FELTNER, EARL  
Address: 17501 N. PALMS VILLAGE PLACE  
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM ( ) Delete  
Name: FELTNER, E. KEITH  
Address: 17501 N. PALMS VILLAGE PLACE  
City-St-Zip: TAMPA, FL 33647 US

**ADDITIONS/CHANGES:**

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: JEFFREY M. LASMAN

RA

04/07/2009

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