

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078982

Entity Name: TRILOGY LAND LLC

FILED
Apr 30, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 196
CHRISTMAS, FL 32709

New Principal Place of Business:

Current Mailing Address:

PO BOX 196
CHRISTMAS, FL 32709

New Mailing Address:

FEI Number: 20-4782935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEADE, JAMES M II
5361 YOUNG PINE RD
ORLANDO, FL 32829 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: MGR () Delete
Name: MEADE, ANITA E
Address: 5019 LA CROIX AVE
City-St-Zip: ORLANDO, FL 32750

Title: MGR () Delete
Name: TUCKER, CECIL A II
Address: 23300 FT CHRISTMAS RD
City-St-Zip: CHRISTMAS, FL 32709

Title: MGR () Delete
Name: MEADE, JAMES M II
Address: 5361 YOUNG PINE RD
City-St-Zip: ORLANDO, FL 32829

Title: MGRM () Delete
Name: TUCKER, JUANITA S
Address: PO BOX 196
City-St-Zip: CHRISTMAS, FL 32709

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 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: JAMES M MEADE II

MGR

04/30/2006

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