

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000081224

FILED
Apr 30, 2008
Secretary of State

Entity Name: TRINITY TECHNOLOGY DESIGN, LLC

Current Principal Place of Business:

2385 N.W. EXECUTIVE CENTER DRIVE
SUITE 100
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2385 N.W. EXECUTIVE CENTER DRIVE
SUITE 100
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 72-1605813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VRANICAR, DAVID A
1625 S. FEDERAL HIGHWAY #311
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

VRANICAR, DAVID A
8651 NW 50TH DR
CORAL SPRINGS, FL 33067 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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VRANICAR, DAVID A
Address: 1625 S. FEDERAL HIGHWAY #311
City-St-Zip: POMPAN0 BEACH, FL 33062

Title: MGRM () Delete
Name: VRANICAR, DEE ANNE
Address: 1625 S. FEDERAL HIGHWAY #311
City-St-Zip: POMPAN0 BEACH, FL 33062

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VRANICAR, DAVID A
Address: 8651 NW 50TH DR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: MGRM (X) Change () Addition
Name: VRANICAR, DEE ANNE
Address: 8651 NW 50TH DR
City-St-Zip: CORAL SPRINGS, FL 33067

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: DAVID VRANICAR

MM

04/30/2008

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