2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2009
Secretary of State

DOCUMENT# L05000089123

Entity Name: TRINITY GROUP OF WESTON, LLC

Current Principal Place of Business:

1622 ISLAND WAY
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

1622 ISLAND WAY
WESTON, FL 33326

New Mailing Address:

FEI Number: 59-3818837 **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:

MAROTTA, GRANT W
1622 ISLAND WAY
WESTON, FL 33326 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: P ( ) Delete
Name: MAROTTA, GRANT W
Address: 1622 ISLAND WAY
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete
Name: MAROTTA, BRUCE
Address: 5106 PAPERBARK COURT
City-St-Zip: DURHAM, NC 27713

Title: S ( ) Delete
Name: MAROTTA, ILLENE J
Address: 1622 ISLAND WAY
City-St-Zip: WESTON, FL 33326

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:

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: GRANT W MAROTTA P 06/27/2009

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