

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000101659

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** HOUSH DAVIS TRIDENT, LLC

**Current Principal Place of Business:**

5150 NORTH TAMIAMI TRAIL  
SUITE 402  
NAPLES, FL 34103

**New Principal Place of Business:**

1045 CROSSPOINTE DRIVE  
SUITE 1  
NAPLES, FL 34110

**Current Mailing Address:**

5150 NORTH TAMIAMI TRAIL  
SUITE 402  
NAPLES, FL 34103

**New Mailing Address:**

1045 CROSSPOINTE DRIVE  
SUITE 1  
NAPLES, FL 34110

**FEI Number:** 20-3663456

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GALBRAITH, BRAD A  
5150 NORTH TAMIAMI TRAIL  
SUITE 402  
NAPLES, FL 34103 US

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

GALBRAITH, BRAD A  
1045 CROSSPOINTE DRIVE  
SUITE 1  
NAPLES, FL 34110 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:

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GALBRAITH, BRAD A  
Address: 5150 NORTH TAMIAMI TRAIL  
City-St-Zip: NAPLES, FL 34103 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GALBRAITH, BRAD A  
Address: 1045 CROSSPOINTE DRIVE, SUITE 1  
City-St-Zip: NAPLES, FL 34110 US

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: KYE J. STEFFEY

ATTY

04/27/2006

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